DOCUMENT RESUME

ED 210 361 UD 021 846

AUTHOR	Lacayo, Carmela G.; And Others
TITLE	A National Study To Assess the Service Needs of the Hispanic Elderly. Final Report.
INSTITUTION	Asociacion Nacional Pro Personas Mayores, Los Angeles, Calif.
SPONS AGENCY	Administration on Aging (DHHS), Washington, D.C.
PUB DATE	Dec 80
GRANT	0090-A-1295
NOTE	503p.; Some tables may be marginally legible due to small size type.
EDRS PRICE	MF02/PC21 Plus Postage.
DESCRIPTORS	Community Role; Crime; *Cubans; Cultural Differences; Ethnic Groups; Family Role; Health Services; *Hispanic Americans; Housing Needs; *Mexican Americans; *Needs Assessment; Nutrition; *Older Adults; Population Trends; *Puerto Ricans; Racial Discrimination; Social Services; Transportation

ABSTRACT

The first national needs assessment of Hispanic elderly represents a response to the research findings which indicate lower participation rates in social programs and more limited access to social services among older Hispanics than among aged Americans in general. This report provides a descriptive analysis of the problems and needs of four main subgroups of older Hispanics: Cuban Americans, Mexican Americans, Puerto Ricans, and other Hispanics in relation to the following areas: (1) health services; (2) housing needs; (3) social services; (4) transportation; (5) crime; (6) community involvement; (7) nutrition; and (8) discrimination barriers. The report discusses the influence of each of the subgroup classifications and cites the following as major findings of the study: (1) older Hispanics exhibit characteristics of both homogeneity and heterogeneity; (2) older Hispanics reported relatively low use of social services, with a high discrepancy reported between use and need; (3) only 55 percent of older Hispanics aged 65 years and over receive Social Security retirement; (4) whereas informal network supports are available for many older Hispanics, as measured in terms of visits with children, relatives and friends, only 4.2 percent of older Hispanics receive financial support from family members on a regular basis; and (5) arthritis is the most prevalent ailment among older Hispanics, followed by high blood pressure, heart trouble and circulation problems. (Author/JCD)

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ED210361

A NATIONAL STUDY TO ASSESS THE SERVICE NEEDS OF THE HISPANIC ELDERLY

FINAL REPORT

U.S. DEPARTMENT OF EDUCATION
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This project was made possible by a grant from the Administration on Aging, Research and Development Program, Office on Human Development Services, Department of Health and Human Services, Washington, D.C. 20201, under Title IV-B of the Older Americans Act. Grant No. 0090-A-1295.

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Los Angeles, California, December 1980

UD021846

Library of Congress
Catalog Card No. 81-66632

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TABLE OF CONTENTS

PAGE

PREFACE vii

ABSTRACT xi

LIST OF TABLES xv

LIST OF FIGURES xxv

I. INTRODUCTION 1

II. LITERATURE 5
  - Mexican "folk culture" 7
  - Family vs. Institutional Support Systems 10
  - Socioeconomic Factors 13
  - Racism and Cultural Prejudices 15
  - Summary 18
  - Footnotes 21

III. POPULATION DYNAMICS 23
  - Older Hispanics 24
  - Heterogeneity of Hispanics 29
  - Changing Ethnic Composition of the Aged Group 31
  - Summary 33

IV. METHODOLOGY 41
  - Research Question 41
  - Predictions 42
  - Research Design 43
  - Data Collection Procedure 53
  - Coding and Data Reduction 58
  - Outcome 58
  - Summary 59
  - Footnotes 61

TABLE OF CONTENTS (Continued) PAGE

V. CHARACTERISTICS OF THE SAMPLE 65
  Language 65
  Age 67
  Education 67
  Employment Status 69
  Family Income 69
  Marital Status 70
  Number of Children 71
  Living Arrangement 71
  Church Affiliation 72
  Age of Permanent Residency in U.S. 73
  U.S. Citizenship 73
  Health 74
  Summary 75

VI. PHYSICAL HEALTH 95
  Use of Health Services 100
  Diseases 103
  Conclusion 110
  Footnotes 114

VII. DISABILITY, PERCEIVED HEALTH, MENTAL HEALTH, AND LIFE SATISFACTION ... 135
  Functional Disability 135
  Adaptive Aids 142
  The Economics of Illness 143
  Perceived Health 145
  Mental Health/Life Satisfaction 147
  Most Serious Problem 149
  Conclusion 150

TABLE OF CONTENTS (Continued) PAGE

VIII. SOCIAL SERVICES 185
- Knowledge of Social Services 188
- Use of Social Services 191
- Perceived Adequacy of Social Services 193
- Perceived Need for Social Services 194
- Relationships Among Knowledge, Use, Adequacy and Need 196
- Important Determining Factors 200
- Profiles 213
- Summary 216

IX. HOUSING/CRIME 241
- Mobility of Older Hispanics 243
- Type/Location of Residences 245
- Housing Expenses 246
- Adequacy of Dwelling 248
- Crime 249
- Summary and Conclusion 251

X. EMPLOYMENT, INCOME, AND TRANSPORTATION 269
- Occupation 269
- Retirement 270
- Sources of Income 271
- Transportation 274
  - Modes of Transportation 276
  - Influence of Sex on Transportation Use 276
  - Availability of Public Transportation 277
- Transportation as the Most Serious Problem 277
- Summary and Conclusion 278

TABLE OF CONTENTS (Continued) PAGE

XI. NUTRITION 293

Specific Foods 295

Perceived Adequacy of Nutrition 296

Expenses of Nutrition 297

Preference of Foods 298

Summary and Conclusion 299

XII. SOCIAL ORGANIZATIONS, POLITICAL PARTICIPATION, AGENCY CONTACT, AND DISCRIMINATION 307

Social Organizations Among Older Hispanics 307

Political Participation 312

Agency Contact 319

Discrimination 323

Summary and Conclusion 324

XIII. LANGUAGE/MEDIA 347

The Language of Preference 347

Mass Media 349

Summary and Conclusion 353

XIV. IMPLICATIONS, RECOMMENDATIONS, AND SUMMARY 363

The Importance of Language 363

The Viability of Formal and Informal Support Systems 365

Most Important Perceived Problems 369

Life Conditions of Ethnic Groups 374

Recommendations for Research, Policy, and Services 381

Summary ....

Conclusion ....

TABLE OF CONTENTS (Continued)

APPENDIX I: Needs Assessment Questionnaire
    A. English Questionnaire
    B. Spanish Questionnaire

APPENDIX II: The Sampling Methodology

BIBLIOGRAPHY

ANPPM
ASOCIACION NACIONAL PRO PERSONAS MAYORES

A NATIONAL STUDY TO ASSESS THE SERVICE NEEDS OF THE HISPANIC ELDERLY

CARMELA G. LACAYO, PRINCIPAL INVESTIGATOR

ASOCIACION NACIONAL PRO PERSONAS MAYORES
LOS ANGELES, CALIFORNIA

ERRATA

This is a list of corrections to the first edition (1980) of A National Study to Assess the Service Needs of the Hispanic Elderly

1. On the Title Page, Jean K. Crawford, Ph.D. should be listed as Data Analyst.

2. Page 35, Table 3:2. Title of the table should read: The Probability of Being Adequately Housed

3. Page 61, Footnote 5 should read: "The particulars of the sampling will be given in Appendix II. Stages 1 through 5 will be included."

4. Page 102, paragraph 1, line 2: "15 percent of Cubans" should read "15 percent of Mexican Americans"

5. Page 102, paragraph 1, line 2: "24 percent of Other Hispanics should read "20 percent of Other Hispanics"

6. Page 112, paragraph 4, #1: "...facilities are avoided except by Cubans" should read "...facilities are avoided except by Puerto Ricans"

7. Page 133, Table 6:18. Title of the table should read: Older Hispanics Over Age 60 Who Do Not Have Medicare, By Number of Diseases

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PREFACE

"A National Study to Assess the Service Needs of the Hispanic Elderly" is one of the first major studies undertaken by a national Hispanic organization. In carrying out this study, the Asociacion Nacional Pro Personas Mayores (National Association for Hispanic Elderly) intended to create a much-needed data base on the needs and concerns of the Hispanic elderly in the United States. The study is far-reaching in its intent and scope. We are convinced that it will contribute much to the state of the art in aging, and particularly to the state of the art of the Hispanic community and its older members.

In the pioneering efforts by the Administration on Aging to focus on the needs of minority older persons, one individual must be acknowledged for his foresight and commitment to research by and for minorities: Dr. Arthur S. Flemming, former Commissioner on Aging. Through Dr. Flemming's efforts, national minority aging organizations were able to develop the research capabilities that led to the present study.

No project of this magnitude could come to fruition without the persistence and dedication of many individuals. Of greatest importance is the contribution of 1,802 older Hispanics in 15 states. We owe the success of this study to these respondents who so generously gave of their time and wisdom. We thank them for entrusting to us their personal lives and for sharing themselves so that others would be aware of the many older Hispanics who were not interviewed. The respondents were our conscience during the project.

In developing this study, the Asociacion was fortunate to have the advice and direction of Dr. Leo Estrada, Professor at the School of Architecture and Urban Planning, University of California at Los Angeles. His knowledge and insight into the demographics of the Hispanic community contributed greatly to the scientific validity of the sample design and fielding of the study. We also recognize the assistance of Dr. David Dowd, Project Manager at the Administration on Aging, for his concern and advice. Likewise, we wish to acknowledge Dr. Robert Ladner, President of Behavioral Science Research, Miami, Florida; and Ms. Gloria Messmer of Ultimate Probe, New York, New York, for their assistance in conducting field interviews in their respective regions. A special thanks to the Asociacion's numerous field supervisors and excellent bilingual interviewers, whose persistence in locating respondents assured us a 96% survey response rate.

Very little research has been conducted in bilingual communities. Therefore, survey research has not planned for the many problems of quality control in bilingual interviewing. To prepare the survey's data for analysis, we needed skilled bilingual personnel for coding and verification. We are grateful to the Hispanic students from Los Angeles City College who spent many hours patiently coding Spanish questionnaires.

Once the data were computerized, the awesome task of analysis began. In this regard, the Asociacion considers itself extremely fortunate to have met Dr. Jean K. Crawford, Professor of Sociology at California State University, Fullerton, who came to the Asociacion with extreme sensitivity and interest in the needs of the Hispanic elderly. Dr. Crawford spent the long months analyzing computer printouts and performing cross-tabs. Her great talent and analytical abilities created the base for writing this report. The tremendous task given to her was matched by her dedication and knowledge of minority aging. She produced the document that is before you. Through Dr. Crawford's work, the Asociacion guaranteed outside verification of the findings of the needs assessment study.

The Asociacion would also like to thank Dr. Michael Mend of the Sociology Department at California State University, Fullerton, for reading the report and offering insights into the refinement of its contents. Thanks are also due to Drs. G. Nanjundappa and John Bedel, also of California University, Fullerton, for reading the final report; and to Don Smith, Computer Analyst, Department of Psychology, "Cal State" Fullerton, for his patience in running and rerunning cross-tabs and performing other computer work for the project.

Finally, many thanks to all the Asociation staff, especially to Mr. Henry Rodriguez for his tenacity in directing the data collection and managing the project; to Ms. Ramona Soto for her precise supervision of field supervisors and interviewers and for quality control of the project; and to Ms. Veronica Verdugo Gurrola for supervising coders and research assistants. Thanks to Waldo Lopez, Ph. D. candidate, for his work on the questionnaire in the early stages of the project and for his concern for the scientific validity of the research design. And most importantly, thanks to Ms. Margaret (Peggy) Smith, Executive Assistant to the Principal Investigator, for her commitment to the Asociacion and the needs assessment project. Her keen editing abilities, her sensitivity to the Hispanic culture, and her willingness to spend long hours refining the final report deserve special appreciation.

The Asociation Nacional Pro Personas Mayores is pleased to present this final report of "A National Study to Assess the Service Needs of the Hispanic Elderly". While this is a final report for the Administration on Aging, it is only the beginning of much-needed national research on older Hispanics. This study has raised many questions that the scientific community, policymakers, and most importantly the Hispanic community must answer. It is a small step toward guaranteeing that all older persons will be assured a dignified aging process.

CARMELA G. LACAYO
Principal Investigator
Los Angeles, California
December, 1980

ABSTRACT

Researchers have consistently reported underuse of social services by the poor, especially poor minorities. The underuse is based partly on assumed higher need among those with very low access to society's resources. In light of this circumstance, the main concerns of researchers, policymakers, and providers must be: (1) defining the needs of disadvantaged groups in terms of demographic and personal characteristics that describe the group; and (2) clarifying the nature and prevalence of barriers which prevent the use of social services.

This survey, "A National Study to Assess the Service Needs of Hispanic Elderly," investigates one of the most disadvantaged minority groups -- older Hispanics. Older Hispanics as a minority group are subject to the disadvantaged status ascribed to all minorities. Yet, they must confront, as well, the discrimination experienced by the aged. Add to these the special disadvantage of frequent inability to communicate effectively and fluently in English. In short, compared with the aged population in general, older Hispanics' access to social services is even more impeded to the degree that cultural differences, including language, inhibit their full use of Anglo-provided services.

This study is the first national needs assessment of Hispanic elderly. It provides a descriptive analysis of the four main subgroups comprising older Hispanics: Cubans, Mexican Americans, Puerto Ricans, and Other Hispanics. The nationwide sample is composed of 1,803 individuals aged 55 or older, as follows: 1,162 Mexican

Americans; 209 Cubans; 234 Puerto Ricans; and 198 Other Hispanics. "Other Hispanics" is composed of older individuals from Central America, South America, and other Latin individuals not included in the other three subgroups.

The sample included individuals from fifteen states. The design called for a multi-stage probability sampling method, based on the geographic concentration of the Hispanic population. At the block level, older Hispanics who met the research criteria were interviewed by trained, bilingual interviewers. Many of the interviewers were themselves older Hispanics. The interviews lasted for approximately one hour. Each respondent was asked questions relating to demographic characteristics, personal attributes, and use of and need for social services. Later, the data were coded and analyzed.

This report utilizes both frequencies and cross tabulations as analytical tools to describe outcomes. Percentages are usually reported, and in many instances statistical tests are applied to determine whether the differences in percentages are statistically significant. The report contains many important findings, such as the following:

(1) Older Hispanics exhibit characteristics of both homogeneity and heterogeneity. In sharing a common language and a similar culture, they represent a homogeneity. On the other hand, family structures tend to vary among subgroups (Mexican Americans have the largest families, while Puerto Ricans are the most likely to live alone); residential patterns vary, as does the degree of acculturation. These, and other differences, make for heterogeneity among the subgroups.

(2) Older Hispanics reported relatively low use of social services. Approximately 40 percent of older Hispanics use no social services; 76 percent report unmet needs for social services. The conclusion is that among older Hispanics, the discrepancy between use and need is very high.

(3) Only 55 percent of older Hispanics aged 65 years and over receive Social Security retirement. This compares to approximately 75 percent of the White non-Spanish who receive old age benefits (Mayor's Office, Los Angeles: 1975). It is doubtful that such a difference can be attributed to ineligibility.

(4) A fourth main finding is that while informal network supports are available for many older Hispanics -- as measured in terms of visits with children, relatives and friends -- financial support from the informal networks is minimal. Only 4.2 percent of older Hispanics receive financial support from family members on a regular basis. These data thus suggest that support from informal networks is mostly in the form of emotional, not financial, support.

(5) Arthritis is the most prevalent ailment among older Hispanics, followed by high blood pressure, heart trouble, and circulation problems. However, among Mexican Americans, diabetes is the third-ranking disease. In addition, 73 percent of older Hispanics reported functional disability owing to diseases reported.

These are only some of the many findings contained in this needs assessment report that should help us understand more fully older Hispanics' use and underuse of social services. The study provides an important base for further research on older Hispanics.

LIST OF TABLES

PAGE

3:1 Projected Population Estimates 34

3:2 The Probablity of Being Inadequately Housed 35

4:1 Spanish Origin Population 62

4:2 Persons of Spanish Origin, by Selected Areas 63

4:3 A Comparison of Sample to Total Hispanic Population 64

5:1 Preference for Spanish Language, by Ethnic Subgroup 77

5:2 Percent Age, by Subgroup 78

5:3 Education, by Subgroup 79

5:4 Number of Median School Years Completed, by Ethnic Subgroup 80

5:5 Major Employment Status, by Ethnic Subgroup 81

5:6 Grouped Family Income, by Subgroup 82

5:7 Marital Status by Percent, by Ethnic Subgroup 83

5:8 Number of Children by Percent, by Ethnic Subgroup 84

5:9 Living Arrangement by Percentage, by Ethnic Subgroup 85

5:10 Religious Affiliation 86

5:11 Percent Frequency of Church Attendance, by Ethnic Subgroup 87

LIST OF TABLES (Continued)

		PAGE
5:12	Age at Which Older Persons Came to the United States to Reside Permanently, by Ethnic Subgroup	88
5:13	Percent U.S. Citizens, by Ethnic Subgroup	89
5:14	Illnesses Reported by Percentage, by Ethnic Subgroup	90
5:15	Rank Order of Illnesses Prevalence, by Ethnic Subgroup	91
6:1	Percent Distribution of Most Usual Sources of Medical Care, by Ethnic Subgroup	115
6:2	Percent Non-Use of Physicians' Services When Need Was Present	116
6:3	Cause Reported for Non-Use of Doctor's Services When Need Was Present, by Percent, by Ethnic Subgroup	117
6:4	Percent Hospitalized During Past Twelve Months, by Ethnic Subgroup	118
6:5	Percent Who Reported Non-Compliance With Doctor's Advice to be Hospitalized, by Ethnic Subgroup	119
6:6	Reason for Non-Compliance With Doctor's Advice to be Hospitalized, by Percent, by Ethnic Subgroup	120
6:7	Percent Who Reported Unattended Dental Problems, by Ethnic Subgroup	121
6:8	Reason Reported for Non-Use of Dentist When Need Was Present, by Percent, by Ethnic Subgroup	122
6:9	Prevalence of Specific Diseases, by Percent, by Ethnic Subgroup	123
6:10	Percent Illnesses Reported to be Caused by Work, by Ethnic Subgroup	125

LIST OF TABLES (Continued)

PAGE

6:11 Number of Diseases, by Ethnic Subgroup 126

6:12 Number of Diseases, by Percentage Reporting Number 127

6:13 Percent of Hispanics With Four or More Diseases by Age, by Ethnic Subgroup 128

6:14 Number of Diseases of Older Hispanics With Income of Less Than $5,000 129

6:15 Number of Diseases of Older Hispanics With Six Years or Less Education 130

6:16 Number of Diseases of Older Hispanics by Sex, by Ethnic Subgroup 131

6:17 Living Arrangement of Older Hispanics Who Have Four or More Diseases 132

6:18 Older Hispanics Over Age 60 Who Do Not Have Medicine, by Number of Diseases 133

7:1 Disability Rating of Older Hispanics, by Percent 154

7:2 Perceived Disability Rating of Older Hispanics 155

7:3 Percent No Disability by Number of Diseases Reported, by Ethnic Subgroup 156

7:4 Disability of Older Hispanics According to Age 157

7:5 Disability Rating of Older Hispanics With Incomes of Less Than $5,000 158

7:6 Disability Rating of Older Hispanics by Sex, by Ethnic Subgroup 159

LIST OF TABLES (Continued) PAGE

7:7 Observations by the Interviewer on Health/Functional Ability of Older Hispanics 160

7:8 Percent Who Need Help, by Function, by Ethnic Subgroup 161

7:9 Who Assisted the Last Time You Were Ill and Needed Help? Percent, by Ethnic Subgroup 162

7:10 Percent Who Needed Help the Last Time They Were Ill But Did Not Have Help 163

7:11 Percent Adaptive Aids Used, by Ethnic Subgroup 164

7:12 Percent Who Need at Least One Specific Adaptive Aid, by Ethnic Subgroup 165

7:13 Percent Who Need Specific Adaptive Aids, by Ethnic Subgroup 166

7:14 Percentage of Older Hispanics With Medical Coverage, by Type of Insurance 167

7:15 Older Hispanics, Age 60 and Over Who Do Not Have Medicare, by Number of Diseases 168

7:16 Percentage of Older Hispanics Who Have Monthly Expenses for Medicine 169

7:17 Mean Amount Spent Per Month on Medicine 170

7:18 Evaluation of Perceived Health by Older Cubans, by Sex 171

7:19 Older Hispanics Who Perceive Their Health as Poor or Very Poor, by Yearly Family Income 172

7:20 Perception of Health by Those With High Disability Rating, by Ethnic Subgroup 173

LIST OF TABLES (Continued) PAGE

7:21 Percent That Reported a Family Problem During the Past Year That Was Difficult to Handle Alone, by Ethnic Subgroup 174

7:22 Who Helped With Difficult Family Problems? Percent, by Ethnic Subgroup 175

7:23 Percentage Who Have Felt Depressed During the Past Year, by Ethnic Subgroup 176

7:24 Who Helped With Depression? Percent, by Ethnic Subgroup 177

7:25 Percentage Who Sometimes Worry Enough to Interrupt Sleep, by Ethnic Subgroup 178

7:26 Percentage Who Are Afraid But Are Not Sure Why, by Ethnic Subgroup 179

7:27 Life Satisfaction of Respondents Who Sometimes Experience Unknown Fears, by Ethnic Subgroup 180

7:28 Rank Order of Most Serious Problem, by Ethnic Subgroup 181

7:29 Most Serious Problem Facing Older Hispanics, by Percent, by Ethnic Subgroup 182

8:1 Percent Older Hispanics Who Reported Knowledge of Social Service, by Ethnic Subgroup 217

8:2 Social Services Rank Ordered by Knowledge, by Ethnic Subgroup 218

8:3 Percent Knowledge of Social Services, by Number of Services, by Ethnic Subgroup 219

8:4 Percent Use of Social Services, by Ethnic Subgroup 220

LIST OF TABLES (Continued) PAGE

8:5 Social Services Rank Ordered by Use, by Ethnic Subgroup 221

8:6 Percent Use of Social Services by Number of Services and Ethnic Subgroup 222

8:7 Percent Negative Evaluations of Those Who Evaluated Services 223

8:8 Percent Need for Social Services, by Ethnic Subgroup 224

8:9 Social Services Rank Ordered by Need, by Ethnic Subgroup 225

8:10 Percent Need for Social Services by Number of Services, by Ethnic Subgroup 226

8:11 Knowledge, Use, Adequacy, and Need Among Mexican Americans 227

8:12 Knowledge, Use, Adequacy, and Need Among Cubans 228

8:13 Knowledge, Use, Adequacy, and Need Among Puerto Ricans 229

8:14 Knowledge, Use, Adequacy, and Need Among Other Hispanics 230

8:15 Selected Significant Relationships Between Groups 231

8:16 Mexican Americans Percent Knowledge by Age 232

8:17 Percent High Use by Employment Status, by Ethnic Subgroup 233

8:18 Percent High Use by Income, by Ethnic Subgroup 234

8:19 Percent High Use by Living Arrangement, by Ethnic Subgroup 235

8:20 Percent High Need by Employment Status, by Ethnic Subgroup 236

LIST OF TABLES (Continued) PAGE

8:21 Percent High Need by Income, by Ethnic Subgroup 237

8:22 Percent High Need by Living Arrangement, by Ethnic Subgroup 238

8:23 Percent High Need for Services by Citizenship, by Ethnic Subgroup 239

9:1 Length of Residency in Neighborhood, by Ethnic Subgroup 254

9:2 Percent Who Plan to Move Within the Next Year, by Ethnic Subgroup 255

9:3 Reasons Reported for Moving, by Ethnic Subgroup 256

9:4 Reasons Reported for Not Moving, by Ethnic Subgroup 257

9:5 Rural-Urban Designation of Dwellings, by Ethnic Subgroup 258

9:6 Types of Dwellings in Which Older Hispanics Live, by Percentage Who Live in Each Type 259

9:7 Housing Arrangements, by Ethnic Subgroup 260

9:8 Housing Expenses, by Ethnic Subgroup 261

9:9 Who Pays the Rent? By Ethnic Subgroup 262

9:10 Percentage of Older Hispanics Who Live in Public Housing or Receive Rent Subsidy 263

9:11 Percent With Inadequate Plumbing in Residence, by Ethnic Subgroup 264

9:12 Percent Who Reported Residence Needs Repairs, by Ethnic Subgroup 265

9:13 Percent Victimized by Crime During Past Twelve Months, by Ethnic Subgroup 266

LIST OF TABLES (Continued) PAGE

9:14 Most Usual Type of Crime, by Ethnic Subgroup 267

10:1 Occupation Engaged in For Most of Work Life, by Ethnic Subgroup 282

10:2 Mean Age of Retirement, by Ethnic Subgroup 283

10:3 Main Reasons Reported for Not Looking for Work, by Ethnic Subgroup 284

10:4 Main Sources of Income, by Ethnic Subgroup 285

10:5 Mean Income by Source, Showing Number of Applicable Individuals 286

10:6 Percentage With Social Security Retirement, at Age 65 and Over 287

10:7 Percentage With Social Security Retirement, by Age 60 288

10:8 Most Often Used Method of Transportation, by Ethnic Subgroup 289

10:9 Percent of Older Hispanics, by Sex, Who Ride With Family, by Ethnic Subgroup 290

10:10 Availability of Public Transportation, by Ethnic Subgroup 291

11:1 Have You Eaten the Following Foods in the Past Two Days? By Ethnic Subgroup 300

11:2 Do You Have an Adequate Diet? 301

11:3 Main Reasons Reported For Not Eating Well 302

11:4 Food Expenses - Do You Have Assistance? By Ethnic Subgroup 303

LIST OF TABLES (Continued) PAGE

11:5 Would You Like a Senior Citizens' Club to Serve Your National Heritage Foods? 304

12:1 Frequency of Contact With Children Among Older Hispanics 328

12:2 Frequency of Contact With Relatives Among Older Hispanics 329

12:3 Frequency of Contact With Friends Among Older Hispanics 330

12:4 Attendance of Older Hispanics at Senior Citizen Group Meetings Sponsored by Church 331

12:5 Participation of Older Hispanics in Senior Citizens' Groups 332

12:6 Political Participation of Older Hispanics, by Ethnic Subgroup 333

12:7 Registration Practices of Eligible Older Hispanics 334

12:8 Party Preference of Voters During Last Election, by Ethnic Subgroup 335

12:9 Party Preference of Non-Voters During Last Election, by Ethnic Subgroup 336

12:10 Main Reason for Voters Not Voting in Last Election 337

12:11 Percentage Not Registered to Vote by "Have Great Difficulty With Forms Written in English" 338

12:12 Percent With Yearly Income Under $5,000 Who Are Registered to Vote 339

12:13 Ability of Eligible Voters to Name One United States Senator from Respondent's State 340

LIST OF TABLES (Continued) PAGE

12:14 Response of Older Hispanics to 1970 Census Questionnaire, by Ethnic Subgroup 341

12:15 Reasons Reported by Older Hispanics That Explain Why the Government Takes the Census 342

12:16 Percentage Who Have Contacted or Visited a Government Agency During the Past Year 343

12:17 Name of Government Agency Most Often Contacted by Those Who Had Contacted an Agency in the Past 12 Months, by Ethnic Subgroup 344

12:18 Satisfaction With Outcome of Contact With Government Agency by Older Hispanics 345

12:19 Percentage of Older Hispanics Who Reported Perceived Discrimination, by Area of Discrimination 346

13:1 Use of Spanish and English, by Ethnic Subgroup 355

13:2 Access to Communication Media 356

13:3 Frequency of Media Use 357

13:4 Percentage Who Communicate Most of the Time in Spanish, by Type of Media 358

13:5 Percentage Who Read Newspapers, by Frequency of Reading 359

13:6 Percentage Who Read Magazines, by Frequency of Reading 360

LIST OF FIGURES

PAGE

3:1 Total United States Population 36

3:2 Persons of Spanish Origin in the United States: 1974 37

3:3 Spanish Origin Population 38

3:4 Median Age of Spanish Origin, Black and Total Population 39

3:5 Hispanic Population Centers in the United States 40

5:1 Age Groups of Older Hispanics, by Percent Within Ethnic Subgroup 92

5:2 Last Year of School Completed, by Percentage Within Each Ethnic Subgroup 93

5:3 Family Income Per Year, by Percentage Within Each Ethnic Subgroup 94

7:1 Percentage of Older Hispanics Who Reported Having Very Poor, Poor, or Fair Health 183

10:1 Reasons Reported for Retiring, by Ethnic Subgroup 292

11:1 Research in Nutrition 305

13:1 Language Use in Television Watching 361

I. INTRODUCTION

The main purpose of this study is to establish baseline empirical data on needs for social services by older Hispanics. A nationwide investigation at this time can evaluate the services which are presently being provided and identify unmet areas of urgent need. In this way, the reported information from this study can serve as a criterion of needs, thereby facilitating improvement and refinement of existing services, as well as the development of needed new services.

Until now, there has been no nationwide sampling of older Hispanics. Therefore, knowledge about this group comes mostly from relatively small, isolated studies and remains at an overly general level of understanding (Newton, 1980). The focused information that would facilitate the efforts of planners, advocates, researchers, and providers has simply not been forthcoming. Unfortunately, the consequences of the low input into decisionmaking by older Hispanics is compounded by lack of research on this group. We do not presently have a clear picture of the older Hispanic's response to social services. However, reports have indicated generally that participation rates in social programs are considerably lower among this group.

The most important social services are Social Security and old age assistance. However, eligibility of older Hispanics has been problematic, due to citizenship requirements or illegal status of the individual. The 1970 Census notes that there are interethnic differences in receipt of Social Security, with Mexican Americans receiving benefits less often than Anglos. Bell (1976) reported the regional variations of the 1970 Census data. In both the South and the West, Mexican Americans aged 60 and over were significantly less apt than their Anglo counterparts to receive Social Security benefits. Also, a publication prepared by the Office of the Mayor of Los Angeles (1975) published the finding that 63.2 percent of Mexican Americans aged 65 and over in Los Angeles received benefits, compared to 76.4 percent of Anglos receiving them.

Many social services designed to meet the needs of the elderly are not governed by the strict eligibility requirements of Social Security. Nevertheless, use (especially among Hispanic elderly) has fallen short of suspected need. Underutilization by older Hispanics has been documented in the area of housing by Carp (1968, 1970); in health care by Moustafa and Weiss (1968), Jaco (1960), and Gaitz (1974); and in the use of other social services by Mirande (1978) and Guttmann (1980). What has yet to be determined is why those services are not utilized. Is it because of a lack of knowledge, or is it because minorities do not have access to services, or is it because of unacceptable patterns of delivery? Perhaps all of the above explanations -- and others -- hold under certain conditions. It is possible that wide variation exists among subgroups of Hispanics so that no one explanation holds for all Hispanics. At the present time, there is insufficient information from which to ascertain causes of underuse of social services. It is hoped that this study will shed light on this and other perplexing aspects of the interface between older Hispanics and social services. This report has three main objectives, as follows:

1. To describe the needs of older Hispanics in terms of personal and demographic characteristics
2. To analyze perceived needs in terms of possible discrimination or other obstacles to use
3. To make this report and the data from this study available to planners, advocates, researchers, providers, and other interested persons

More specifically, this study will:

1. Review the literature relating to use of services by Hispanics, especially older Hispanics
2. Discuss population trends, including those of Hispanic subgroups
3. Describe the sampling method utilized for this study
4. Analyze and report the self-reported data for:

   health
   housing
   social services
   transportation
   crime
   community involvement
   nutrition
   discrimination/barriers

5. Determine the influence of the following subgroup classifications: Mexican American, Cuban, Puerto Rican, and Other Hispanic
6. Discuss the implications of this study
7. Summarize the findings of this study

II. LITERATURE

The literature on older Hispanics is characterized by four main features: (1) the volume is small; (2) the studies mostly are limited to older Mexican Americans; (3) the general perspective lacks diversity; (4) there is little agreement among researchers on specifics of theory.

First, older Hispanics have simply not been the subject of widespread research. The reason for this phenomenon is unknown, but we suspect that once the language barrier is superimposed on other general problems of accessibility to older populations, researchers have been discouraged from pursuing the testing of specific hypotheses on this older group.[1] Studies that address only older Hispanics are probably restricted to no more than thirty articles and reports. Therefore, in the interest of presenting a more complete review of the investigations of previous researchers, this report will include not only those findings dealing exclusively with older Hispanics, but also other pertinent literature that bears importantly on the present subject matter.

Second, Mexican Americans comprise the largest category of Hispanics in this country. Most studies therefore have been limited to this subgroup. Nevertheless, the general information available -- including Census data -- suggests that Hispanics comprise a heterogeneous group. The subgroups have different countries of origin; they vary on demographic characteristics; and they congregate in different sections of the country. The range of experience alone, which is noted here, suggests varying world views to be brought to the client-provider encounter by the various Hispanic subgroups. In light of the supposed heterogeneity among Hispanics, older Mexican Americans can hardly suffice as a prototype for the entire group of individuals. It should be well understood that studies on older Mexican Americans are utilized here in the absence of specific investigations of the other subgroups. Generalizations from older Mexican Americans to older Hispanics should be made with great caution.

Third, the literature on Hispanics, more than that on any other group, has tended to use the Mexican "folk culture" model. Weaver (1973) has called this practice the "follow-on" style. The procedure is unacceptable for a research study to the extent that competent hypotheses are not considered or tested in the investigative process. The implications for this study of the "folk culture" model will be considered more fully in the literature review that follows.

Fourth, there is very little agreement among researchers regarding specific theory that bears importantly on the older Hispanic. For instance, the gerontological literature suggests that stress is managed most effectively when support systems are strong (Blau, 1978). However, there is little agreement among researchers as to whether a strong support system exists for older Hispanics.

The target group in the literature review is mostly Mexican American. This is because Mexican American groups have been most accessible to researchers. However, other references to Hispanic subgroups will be introduced when data are available. A feature of the literature, as mentioned earlier, is the marked uniformity of studies. Only in the decade of the seventies have more divergent explanations been set forth. An analysis of the literature reveals that four main themes have dominated attempts to explain low use of social services by Hispanics. The themes are listed below and will be utilized in the interest of coherence and systematic discussion:

1. Mexican "folk culture" wields a powerful influence in the barrio.
2. Mexican Americans seek social support from family rather than from institutions.
3. Socioeconomic characteristics, such as income and education, determine use of services.
4. Racism and cultural prejudices have prevented Hispanics from utilizing Anglo services.

A. Mexican "folk culture"

This explanation, or model, has as its focal point certain features of lower class life. According to Stoddard (1973:39), it was Redfield (1930, 1941) who initially developed a folk culture model for Mexico. Redfield's original model was later critically reformulated by Oscar Lewis (1951), and it was then termed a "culture of poverty" model. Lewis states as a central postulate the notion that the "culture of poverty" transcends regional, rural, urban, and national lines because it is a common adaptation to common problems. Though originally written by Redfield for Mexico, the basic model has been adopted and applied to low-income populations elsewhere. The central features are: (1) lack of effective participation by the poor in the major institutions of the larger society; (2) a minimum of organization beyond the extended family; (3) a truncated childhood with early adult responsibilities; and (4) a whole series of negative attitudes including feelings of marginality, helplessness, dependence, sense of fatalism, a strong belief in male superiority, and a high tolerance for pathologies of all sorts.

Virtually all the literature written before the 1970's could be identified with the folk culture model.[2] Saunders set the pace, and he and his followers were, and presently are, the most quoted "authorities" regarding the culture of Mexican Americans. Saunders (1954) has as his central theme the notion that the health care behavior of Mexican Americans is a consequence of, as well as a reinforcement for, a community-wide designative culture. Availability and other alternatives to nonutilization are simply not considered. In their work, Clark (1959) and Rubel (1961, 1966) tended to hold intact the central ideas of Saunders, though both Clark and Rubel developed the concept of folk medicine and medical care.

Defects in the folk culture model have come into full view within the past decade. According to Valentine (1968:141), the fulcrum in the argument is that the "defective and unhealthy sub-culture" of the poor blocks their escape from poverty. According to this logic, with respect to health care, if the poor were afforded access to excellent health facilities, or other social services, their general condition would not be significantly improved, since it is not the situation and fundamental opportunity structure that is at issue. Rather, the culture is the cause of the inadequacy and must be changed before the inadequacy itself will improve (Goering, 1970).

The utility of the folk culture model is limited by its introspective quality. The model presumes that causality resides in the culture, so that other factors that might ordinarily be suspect, such as outside forces impinging on the cultural milieu, are automatically ruled out before they are considered. Another troublesome aspect of this model is that it characterizes the culture as pathological. Consequently, there follow negative effects for the individuals of that culture. Several writers have voiced grave concern about this issue: Maldonado (1975), Cervantes (1972), Montiel (1970), Mirande (1977), and Penalosa (1967). To add to the problem, there is a tendency to see individual members of the culture as homogeneous, thereby leading to stereotypes. Further, such stereotypes are negative and are seen by Mexican Americans as an additional instance of "blaming the victim for the crime," according to Romano (1968), Ramos (1971), and Martinez (1966).

As a solution to the specific problems of individuals residing in the barrio, the "melting pot" thesis has been rejected as the only viable alternative. Mexican American intellectuals see forced acculturation as cultural genocide -- as a denying of the right to cultural pluralism -- and as a stripping away of much culture (Sotomayor, 1971; Romano, 1968, Montiel, 1970). In part, the current outcry (Romano, 1968) claims that a Mexican "folk culture" is no longer (if it ever was) applicable. To be sure, we have witnessed recently changing population shifts, from rural to urban (Penalosa, 1967:411; 1977 Current Population Reports). Accompanying these shifts have been increased vertical and horizontal job mobility and attendant increased acculturation. For example, in 1960, 83.7 percent of the Mexican American population in Southern California was urban (Penalosa, 1967). According to the U.S. Census (1977), only 8.4 percent of Hispanic males and 2.6 percent of Hispanic females were employed in the United States as farm workers. There has been a significant shift from unskilled to skilled labor among Mexican Americans.

So, even though in the past researchers have rarely deviated from the assumption that the folk culture was the precipitator of whatever "pathology" was being studied, the current trend among researchers is to entertain more innovative hypotheses.

B. Family vs. Institutional Support Systems

In search of an explanation of lower use of social services by Hispanics, it has been proposed that the ethnic group, especially Mexican Americans, turn to family for help in time of need. The early ethnographic literature supported this view by stressing the strong relationships and commitments within the family unit (Saunders, 1954; Rubel, 1966; Clark, 1959). The individual was restrained by family pride and tradition from accepting help outside the kin group. The family cared for its own, including the elderly.

But more recent findings have presented opposing views of the dynamics and structure of the Mexican American family. Mirande (1977), Keefe (1979), and Sotomayor (1971) present evidence to suggest that the family is intact and able to support members. On the other hand, Moore (1971) and Penalosa (1968) argue that the onslaught of urbanization and industrialization on a once-rural people has caused an erosion of the family system so that supports are presently problematic or nonexistent.

There are a number of ways in which the strict adherence to extended family ties deflects participation in an industrialized society. For example, decisions affecting health, housing, use of social services, and so forth may be made on the basis of obligations to family. Perhaps it will facilitate this discussion to note briefly the causal roles researchers have assigned to the family regarding each of these.

1. The Influence of the Family on Health

Health is the number two concern of older Hispanics, Blacks, and Whites as well. Health is a major concern second only to income, but it is in the area of health that the influence of family is thought to be highly salient. We have very little empirical data on the health of older Hispanics, but one of the most consistent and noteworthy features has been their underutilization of Anglo health services. This finding was noted in earlier studies such as those of Saunders (1954), Clark (1959), Rubel (1960, 1966), and Madsen (1964). Later researchers observed this same disparity in use, which has persisted to become part of the present health care dilemma (Moore, 1971; Welch et al., 1973; Weaver, 1976). For example, Mexican Americans report a lower physician visitation rate per person per year (2.3) than Blacks (3.7) or Anglos (5.6), as well as the lowest frequency of hospital admissions per 1,000 persons, which is 76 compared to 82 for Blacks and 95 for Anglos (Moustafa and Weiss, 1968). The trend to underutilize extends to psychiatric out-patient clinics and mental hospitals (Jaco, 1960; Karno and Edgerton, 1969, Kiev, 1964; Gaitz, 1974). Further, the tendency to underutilize extends to nursing homes, where older Mexican Americans are dramatically under-represented in the resident population. In Arizona, where 5.3 percent of the total elderly reside in nursing homes, only 2.3 of the Mexican American elderly do so. In addition, it is documented that as Mexican American income goes up, the probability of nursing home institutionalization goes down, suggesting that such care is reserved as a last resort (Eribes, 1977:3). So across the spectrum of medical services, we encounter lower use among Mexican Americans. On the other hand, in the absence of convincing evidence to the contrary, poorer health among Mexican Americans is assumed. The assumption is based on group characteristics of lower income and lower education.

The proposed relationship between family influence and low use of health services is an indirect one. It is based on the logic that the family exerts an influence on the individual that biases him/her against Anglo medicine.[3] The best-documented evidence available that a bias exists against Anglo medicine is found in the dual use of health services. Many Mexican Americans, it seems, participate in two insular systems of health beliefs and health care. The reasons for dual use are, for the most part, unclear, but dual use is frequently reported by researchers in the literature, including Clark (1959), Madsen, (1964), Lindstrom (1975), Prattes (1973), Press (1969), Martinez (1966), Kiev (1968), Weclew (1975), Baca (1969), and Cervantes (1972). Dual use explains underutilization in terms of an alternative health care system that competes in the marketplace for clients.

2. The Influence of the Family of Housing

Problems of housing the Hispanic elderly are complex and hence defy easy solution. Policy affecting older Hispanics must incorporate cultural and living patterns of the group.

The scant research that is available suggests that older Mexican Americans do not respond positively to new housing facilities. Carp's study of housing (1967) in San Antonio noted that though extensive efforts were made to inform and attract Mexican Americans to a new housing project, only 20 of the first 500 applicants had a Spanish surname. Carp concluded that the main reasons for low response -- in the face of high need -- was due to satisfaction with present living situation. Older Mexican Americans had no desire to leave friends and relatives. In other words, the family wielded a powerful influence in a "conservative" direction.

The argument that the family exerts a "conservative" influence has been used by several researchers. The argument is expressed in different ways, but all suggest that the individual turns to the family in time of need instead of to the institution. Other researchers claim that the so-called "conservative" influence merely reflects an ethnocentric point of view, and assumes the superiority of the Anglo way of life.

According to Bell (1976), the quality of housing for Mexican Americans over 60 varies greatly by geographic region, but the incidence of substandard housing tends to be two or three times as great among Mexican Americans as among Anglos.[4] What seems certain is that older Mexican Americans live in less adequate housing, but when offered an opportunity, they express a reluctance to leave such housing. Obviously, there are other possible explanations besides "not wanting to leave family and friends" which could precipitate low response to new housing. For instance, many housing projects are highrise accommodations complete with foyers through which one must pass in either entering or leaving the complex. These living arrangements are foreign to most older Hispanics.

C. Socioeconomic Factors

Socioeconomic factors such as education and income have traditionally explained considerable variance in use. The argument is that socioeconomic position influences behavior more than ethnicity. This theory has not been utilized extensively to explain non-use of services by Mexican Americans and other Hispanics. The reason is that adequate sample sizes of middle-class Hispanics have been difficult to locate, especially among the older group.

According to Sheldon (1966:134) it was not until after World War II (and more specifically after the Korean War) that an emerging middle class, based on achievement, could be identified in the Mexican American community. This emerging group became visible as members of voluntary organizations in East Los Angeles, mostly with the motive of promoting Mexican American welfare. Sheldon describes the modal middle-class individual as follows:

> Carlos's health is good, as is that of his family. He goes to a private doctor for medical care. Occasionally he uses public health clinics for shots or pregnancy advice for his wife. He is satisfied with the medical treatment he receives from either place. He learned of the clinic that he uses through neighbors, relatives, or advice from other public agencies, not from the mass media. He carries health insurance through his office (Sheldon, 1966:153).

From this study in East Los Angeles, Sheldon concluded that in the future, class would become a more salient variable in the study of Mexican Americans. He based this observation on the finding of an emerging middle class within the Mexican American community. McLemore (1963), taking his cue from Saunders and Clark, investigated the influence of class on the utilization of hospital facilities. McLemore set out to test the findings of earlier writers who had agreed that Mexican Americans avoid hospitals at any expense. One supposed explanation was that separation from family and isolation in an Anglo world were highly traumatic for the Mexican Americans. Contrary to earlier studies, McLemore concluded that ethnicity _per se_ had little to do with attitudes toward hospitalization. Instead, educational attainment was the main predicting variable. Mexican Americans and Anglos of similar educational attainment showed greater agreement on favorable attitudes toward hospitals than were found within either group when considered separately.

Likewise investigating socioeconomic variables, Welch (1973), in a study of Mexican Americans' attitudes toward medical care and doctors, found that class (defined by income and education) and age were more related to utilization of health services than were attitudes toward modern medicine or "closeness" of Mexican culture.

The investigations of Sheldon, McLemore, and Welch suggest a changing class composition in the Mexican American community that increases the utility of socioeconomic status as a variable to explain use of social services. The most needy have traditionally been the most difficult to reach. Hence, the most needy are the lowest users of services.

D. Racism and Cultural Prejudices

Racism and cultural prejudices, in the context of this study, describe a situation where the dominant society, either through design or inadvertent omission, supports or provides social services from which the Hispanic sees him/herself as excluded. Such perception of exclusion may be either real or imaginary, but the issue is irrelevant, since it is the nature of the perception, not its authenticity, that determines use. Donabedian (1972:111) argues that "the proof of access is use of services, not simply the presence of a facility," and that "access can, accordingly, be measured by level of use in relation to need." Freeborn and Greenlick (1973) also suggest that accessibility implies that individuals in populations-at-risk use services at rates "proportional and appropriate" to their existing need for care.

Exclusion from the medical or other social care systems can be perceived in either overt or covert forms. When studying the lower class, Anselm Strauss (1969) has detailed precisely the considerations that prevent this group from utilizing health services. For example, at the overt level, insufficient finances, lack of health insurance, or unavailability of facilities might possibly prevent utilization of health services. At the covert level, obviously, the exclusion is more subtly expressed. There is evidence, however, that low-income individuals have little difficulty in perceiving attitudes (though such may be well-masked) which they term as discriminatory. Hyman (1970:388) has reported that poor relationships between medical personnel and patients of low socioeconomic status may explain lower utilization rates of this group.

A well-documented aspect of exclusion is, in fact, bias against low socioeconomic persons expressed by middle class health personnel and other social service providers. For instance, studies of attitudes of nurses have shown that they prefer to work with middle-class patients (Willie, 1960). Kish and Reeder (1969) reported that the physicians most esteemed by their peers worked least with low socioeconomic patients; Roth (1972) has reported a detailed study of the treatment accorded patients upon presentation at a large hospital emergency ward. Roth described a convoluted situation in which the perceived worthiness of the patient inevitably set off a process by which his value and legitimacy were assessed. Services are subsequently dispensed in accordance with medical personnel's evaluation of the individual, with the individual who manifests characteristics of the lower socioeconomic group receiving comparatively lower quality care. Finally, Sudnow (1967) found that in death, the body is still treated in accordance with the individual's status while alive, with the low socioeconomic individual receiving comparatively less individual and less ritualistic care. The general subject has been treated in more detail by Strauss (1969), Rosenstock (1966), Fein (1972), Leo (1969), McKinlay (1972), and Kosa et al. (1969), who have sought to bring to light many aspects of this broad subject.

The above discussion is meant to illustrate the differential or prejudiced care afforded individuals by socioeconomic status. It is relevant for Hispanics because of their disproportionate placement in low socioeconomic brackets. Therefore, we can assume that the low-income Hispanic experiences all the problems in securing social services that obtain for the low-income Anglo and others. But the Hispanic's situation is compounded by additional problems that the Anglo does not incur. Some of these additional problems include difficulty with language, minority status, fear of deportation, and an economic position that is relatively more depressed.

The psychological costs of the Mexican American patient coming to an Anglo provider have been noted by Berkanovic and Reeder (1974), Weclew (1975), Kiev (1964), Morales (1971), Andujo et al. (1976), and Padilla (1976). The term "psychological costs" is defined here as meaning that the Mexican American perceived differential treatment. As noted earlier in this paper, such perception can be either real or imagined; either perception may prevent utilization of Anglo services. Within the past decade, a number of social scientists from the minority community have combined their voices in protest of the quality of services that are available to minorities. Protests have come from Cervantes (1972), Cadena (1973), Ramos (1971), Serrano (1973), and Andujo (1976), to name but a few. In fact, the justification for including this model as an explanation for the underutilization of Anglo social services by Mexican Americans and other Hispanics rests largely on the expressions of discontent and accusations leveled at the dominant society by minority writers. The positive input of these and other minority researchers has forced a re-evaluation of the paradigms heretofore taken for granted. One outcome has been a model proposing that racism and cultural prejudices account for underutilization of social services.

Expressions of discontent do make an impact, if only to sensitize Anglo researchers and providers and to communicate dissatisfaction with present services. Dissatisfaction can and often does lead to change.

Summary

It has been the purpose of this chapter to extract from the literature on Mexican Americans those explanations which have in the past accounted for the underutilization of social services by the group. The major explanations are: (1) Mexican "folk culture" wields a powerful influence in the barrio; (2) Mexican Americans seek social support from family rather than from institutions; (3) Socioeconomic characteristics, such as income and education, determine use of services; and (4) Racism and cultural prejudices have prevented Hispanics from utilizing Anglo services.

Though in the past each model has merited attention from researchers, each has weaknesses that limit its explanatory power. First, the "Mexican folk culture" model blames the victim or his culture for any visible "pathologies" in the barrio. From the Anglo view, one "pathology" would be the non-seeking of medical care when need seems apparent. This model contends that the culture prevents the individual from seeking the intervention of modern medicine. This model fails to consider influences from the dominant society that impinge on barrio dwellers.

Second, the notion of accepting as an explanation of underutilization the idea that Mexican Americans seek social support from family rather than from institutions overlooks several important points. For example: (1) it ignores the historical reality of the eroding influences of urbanization on the extended family; (2) it glosses over the economics of the barrio; where all are poor, substantial aid from one to another is limited; (3) it does not leave room for alternative explanations such as perceived or real differential responses from the institutions of the dominant society; and (4) it can be seen as an easy out for those who oppose social services. After all, if older Mexican Americans and other Hispanics will accept help only from family, then institutional efforts should be diverted elsewhere.

Third, the attempt to explain underutilization in terms of socioeconomic characteristics fails to consider the persistence and pervasiveness of culture. The model suggests a "melting pot" thesis in which Hispanics, once they become upwardly mobile, take on characteristics of Anglos in the ways they use social services.

Fourth, while the racism and cultural prejudices model accounts for underutilization in terms of a dominant society that is unresponsive to minority group needs, the model sidesteps, or fails to consider, the issue of cultural tenacity and socioeconmic influences. While each of the models just described has been considered, at one time or another, to have utility in explaining low utilization of social services, an integrated theory reflecting the reality of urban Hispanics still has not been developed. It is hoped that the findings from this study will add in a substantive way to a more explanatory model.

Chapter III will discuss the population dynamics of the aged in this country, with particular emphasis on the Hispanic elderly.

Footnotes

1 For a full explication of the paucity of investigative resource materials on Mexican Americans, see Hernandez et al (1973). Hernandez discusses problems of conceptually identifying the Mexican American for Census data and the difficulty of comparing groups of different decade designations because of changing criteria. Hernandez notes that Census omissions are estimated to amount to between 3 and 50 percent of those who are included. Obviously, this points to a very wide range of possible error in enumerating Mexican Americans for Census data.

Estrada (1977) has called attention to the within-group variation of the meaning of race/ethnicity. Cubans are more apt to identify themselves by race, while Puerto Ricans identify themselves primarily by ethnicity. Mexican Americans, depending on educational level, may use either. While the problem is basically a conceptual one, the outcome of present enumeration methods is generally one of undercount.

2 An exception to the trend of viewing Mexican Americans within the framework of a "folk culture" can be found in the work of Jaco, who seemed to view acculturation in terms of reciprocal effects on immigrant and host society. Jaco (1957) wrote:

> Their own subculture has remained somewhat intact during their accommodation to Anglo society. This is indicated by the bilingual status of their families and the adoption of many of their customs and traits by the Anglos in the southwest. Consequently, the source of much of their stress and tension is likely to come from the "outside" social world. Furthermore, it is also likely that a major part of the Spanish-American social structure is functioning as a protection against stress for its members. This is especially true of its kinship system, providing a highly integrated, continuous, and "familistic" unit. Therefore, this sub-culture is more likely than other ethnic groups in Texas today to contain therapeutic agents that may guard against prolonged stress and thus reduce the incidence of psychosis among its members . . . .

3 It is important to point out that other explanations may account for low use of nursing homes by Mexican Americans. For example, the present nursing home model may not be an acceptable alternative to Mexican Americans.

4 The United States Department of Housing and Urban Development (1976) has published a definition of "adequate housing." A residence is defined as inadequate when any one of several conditions is not met. Generally these conditions have to do with structural soundness, availability of flush toilet, and so forth. Some of the main specifications are:

piped hot and/or cold water

heating - there are no means of heating, or there is an unvented room heater burning gas, oil, or kerosene

sewer - lacks sewer, septic tank, cesspool or chemical toilet

electrical - unit has exposed wiring and blown fuses

III. POPULATION DYNAMICS

The elderly have come into sharp focus within the past few years. Part of the attention this group has generated is in response to the changing population pyramid as depicted in Figure 3:1. The population 65 and over has increased nearly 8 times, while the total population has increased only 3 times. The shape of the pyramid reflects the dynamics of the recent influence of age on the total population configuration.

The 65-and-over group currently number approximately 24.1 million and constitute about 11 percent of the total U.S. population. According to Uhlenberg (1977), there is good evidence to suggest that a stationary population will eventually be reached. But this cannot be expected before 2050.

According to Deinkovich (1978), there is good reason to believe that by 2040 the 65-and-over group will constitute approximately 17.9 percent of the population. Table 3.1 shows the proportion of 65 to 74, 75 to 84, and 85 and over who will comprise the group. By 2015, the peak of the 1940's baby boom will be turning 65. Between 1970 and 2040, given increasing longevity and the baby boom peak, the elderly group will have nearly doubled it's share of the total population. It is small wonder that planners and providers are taking seriously the challenge of meeting the social service needs of an ever-increasing aging population.

In the meantime, the aged have come to see themselves and be seen by others as a minority group. Wirth defined a minority group as:

> . . . a group who, because of their physical or cultural characteristics, are singled out from the others in the society in which they live for differential and unequal treatment, and who therefore regard themselves as objects of collective discrimination (Kurckawa, 1970:6).

It is generally agreed that the aged share many characteristics with other minority groups. For example, they are apt to be poorer, live in substandard housing, and have poorer health than the rest of the population. Thus, not only do the aged have more problems than the average person who is younger, they also have access to fewer resources with which to solve these problems. It has been said that this group suffers from "double jeopardy" because they are handicapped by both poverty and age.

A. Older Hispanics

"Triple jeopardy" has been the term often used to designate the older person who, in addition to being both old and poor, is also a member of a minority group. Surely, such persons are in many ways the most disadvantaged members of our society.

There is, unfortunately, no accurate count of the Hispanic population in this country. For various reasons, they have been traditionally undercounted by the Census. The ambiguity in numbers poses a problem for social scientists such as Ellis (1962), Moustafa and Weiss (1968), Roberts (1972), Estrada (1977), and Juarez (1978). Next to a knowledge of needs, the number to be served ranks high as a priority for advocates and providers.

The Hispanic group in the United States is composed of several subgroups who share a Spanish heritage. Figure 3:2 demonstrates the constituencies that make up the whole. It will be noted that Mexican Americans comprise about 60 percent of the Hispanic group, with Puerto Ricans, other Spanish, and Cubans contributing smaller numbers to the group. It is estimated that about 600,000 Hispanics in the United States are over 65 years of age. This accounts for only 4 percent of the Hispanic population. It is generally agreed that the lower proportion of aged, compared to the total population, reflects both lower life expectancy and the youthful Hispanic population. Figure 3:3 illustrates the shape of the population pyramid for Hispanics, and suggests dramatically increased proportions of Hispanics in the future as the younger cohorts reach 65. The degree to which resources are available to Hispanics in the future will also help determine the proportion of the present youthful cohorts who eventually reach old age. While a comparison of Figure 3:1 and Figure 3:3 clearly illustrates the overall differences in age distributions of the two populations, Figure 3:4 demonstrates the effect of the youthful Hispanic population on the median age, which is 19.8 for Hispanics, 22.8 for Blacks, and 28.6 for the total United States population. At the same time, Figure 3:4 suggests that the rate of increase of median age is highest among Hispanics. This is another indication that the proportion of aged in the Hispanic group will sharply increase in the years ahead.

In addition to population characteristics, older Hispanics differ in many other ways from the total elderly population. The following are but a few of the characteristics that illustrate this point.

1. Geographic Concentration

According to the Administration on Aging (1977), about half of the persons 65 and over live in seven states;

namely, California, New York, Florida, Illinois, Ohio, Pennsylvania, and Texas. Obviously, the aged in the general population tend to cluster.

The trend to concentrate in specific locations is much more exaggerated among Hispanics. The group tends to concentrate in the Southwest, South, and East, with California, Arizona, New Mexico, Texas, Florida, and New York absorbing the major bulk of the population. Figure 3:5 illustrates the geographic dispersion of the Hispanics in the United States. It will be noted that most states have no significant concentration of Hispanics.

2. Language

The Spanish-speaking people, more than any other group, have tended to retain their native language. Aside from the desire to retain ethnic heritage, two main reasons are probably important: (1) proximity to the mother country, and (2) the past exclusion of Hispanics from participation in the dominant society.

The fact that the Spanish language prevails speaks very strongly to initiators and planners in social policy. Communication between providers and clients is surely a precondition of satisfactory social services outcomes.

3. Income

According to Current Population Reports (1977), Hispanics are considerably below the rest of the population in income. In 1975, the median family income for Hispanics was $9,551 for that year, compared to $13,719 for all families. Also, the proportion of Hispanic families who are in the lowest income brackets is double that of the population as a whole. About 16 percent of all Spanish-origin families have incomes below $4,000, while only 8 percent of other families fall into this category.

The median income of both men and women over 65 years of age is appreciably lower than for the next-youngest age cohort. For males 65 years and older, the median income is $5,526 (Current Population Reports, 1978), while the median income for females in the 65-and-over category is $3,087. Among Hispanics, the depressed economic status is more exaggerated. The median income for Hispanic men over 65 is $3,215, while that of women is $1,897 (Current Population Characteristics, 1977).

The final baseline comparison on economic resource accessibility can be found in the proportion who reside below the poverty line. In 1975, about one of every three Hispanic families headed by a male 65 years of age or older lived below the poverty level (Current Population Characteristics, 1977). By comparison, among the total population, about one out of every nine families headed by a male 65 years and over lives below the poverty level. The older Hispanic person is more than three times as apt as a member of the total elderly population to reside in poverty.

4. Education

The older Hispanic has lower education than either the older White or Black. In the over-65 age group, 7.9 percent of White males, 37.5 percent of Black males, and 41.2 percent of Hispanic males have had fewer than five years of formal education. Hispanic women are even more educationally handicapped in that 6.8 percent of White women, 27.5 Black women, and 47.6 percent of Hispanic women have had fewer than five years of schooling. The older women are somewhat better educated than their male counterparts, except for Hispanic women, where the sex differential is reversed. For example, 41.8 percent of the White women, 67.7 percent of the Black women, and 77.6 percent of the Hispanic women over 65 never attended high school (Population Characteristics, 1977).

5. Housing

According to the U.S. Department of Housing and Urban Development (1976), housing concerns of the aged should be addressed in terms of physical adequacy and affordability. When judged in terms of government criteria, nearly 10 percent of all housing was flawed. The accommodations of the elderly are in flawed or adequate condition in approximately the same proportion as those in the general population. The housing problem of the elderly is more one of affordability. The chances of being adequately housed are directly related to income. Regionally, the probability of inadequate housing for the elderly is highest in the West and lowest in the North Central area, with the Northeast and South falling somewhere in between. But region seems to be important only because of the cost of housing as it relates to income of the older individual. As noted earlier, the elderly have lower incomes than the total population, but it is the variation of income within the elderly group that determines the degree of adequate housing.

Table 3:2 shows the probability of being adequately housed by age, sex of head, and ethnicity. It will be noted that the person with the highest probability of being inadequately housed is the male Hispanic who lives alone, who has a .56 probability of living in adequate housing. It

appears that all males who live alone, irrespective of ethnicity, are more apt to be in inadequate housing. In households headed by females aged 65 or over, the probability of inadequate housing is highest when household size is between 2 and 5 persons. Table 3:2 indicates clearly that the effects of race, ethnicity, and sex count for far more than age alone as a determiner of poor housing. Income is directly related to each of these variables and is of final importance.

In summary, it seems that among the elderly, as in the general population, approximately one in each 10 persons is ill-housed. However, once ethnicity is added to the individual's life situation, the probabilities of being ill-housed increase. Hispanics are surely disadvantaged in the competition for adequate housing, where income plays such a vital role. The over-65 Hispanic man who lives alone is most disadvantaged and has better than a 50-50 likelihood of being ill-housed.

B. Heterogeneity of Hispanics

In some ways, the former discussion may be misleading. It is easy to assume that Hispanics constitute a homogeneous group; such is not the case. While Hispanics share a language and a certain cultural heritage that is common to all, heterogeneity is more nearly the hallmark than homogeneity. Some of the important factors on which Hispanics differ are: (1) geographic region of concentration, (2) income, and (3) education.

First, regarding geographic regions, Cubans tend to live in Florida, and Puerto Ricans in New York and the surrounding area. Mexican Americans are still more apt to reside in the Southwest. The region of concentration also determines that Mexican Americans are more apt to be rural than either Cubans or Puerto Ricans.

Second, in 1975, Puerto Ricans had somewhat higher incomes than Mexican Americans. Part of the differential between ethnic groups is found in the differences in wages by sex. For instance, 9 percent of Mexican American men with income had incomes below $5,000. Furthermore, median income for Mexican men was $6,500, but for the Mexican American women, it was $2,800. On the other hand, the mean income of the Puerto Rican males was slightly higher, at $6,700, but Puerto Rican women had a median income of $3,800. Therefore, the more favorable position of Puerto Rican women to that of Mexican American women in the labor market has raised the median Puerto Rican income to a higher level, though the dynamics relate to sex, not ethnicity. Cuban men, in 1975, earned a median income of about $7,100, but the earnings of Cuban women were substantially lower at $3,400 (Population Characteristics, 1977).

The available data on the 65-and-over age group is differentiated by Spanish origin and Mexican origin only and specifies the percentage of individuals who live under the poverty level. The percentage for Spanish origin is 36.6, compared to 38.1 for Mexican origin.

Third, social scientists have found education to be a powerful predictor of an individual's life chances. Education thus assumes importance as a group characteristic. Hispanics display significant differences in educational attainment according to subcategories. For example, Cubans are of relatively high educational attainment compared to persons of Mexican or Puerto Rican origin. Only 12 percent of the Cubans between 45 and 64 had completed fewer than 5 years of school, and 45 percent of this age group had completed 4 years of high school. Mexican Americans have the lowest educational attainment, followed by Puerto Ricans.

While older Hispanics share a language and to some extent a history, they comprise a heterogeneous group which varies regionally and culturally. It is interesting to contemplate the effect that Hispanics as a group will exert on future population pyramids. Hispanics constitute an important social force for growth.

C. Changing Ethnic Composition of the Aged Group

The social forces that have shaped and continue to shape the demographic structure of our society have been well documented and the information about them well disseminated. Policymakers and planners are cognizant of the impact of the aging population on the need for health and supportive services in this country. However, one important factor that has been neglected is the examination of the composition of aged populations in the future. According to Fowles (1978), changes in sex structure and in ethnic contribution will have significant impact on defining the aged population in the coming years.

First, women now constitute a larger proportion of the aged group than was true earlier. According to Fowles, in 1900, elderly men outnumbered women slightly. However, technological and medical advances have had a greater impact on women than men. The effects are related to the recent lowered mortality rate of women during the childbearing years. In fact, based on 1975 mortality rates, white female children are expected to live 77 years on the average. This is approximately 8 years longer than white males. However, the greater longevity of women than men has more than the single and straightforward influence of improved care during childbirth: since 1900, life expectancy at age 60 has also been greater for white women than for white men (6.7 vs. 2.4 years). White women 60 years old in 1975 could expect to live an additional 22 years, about 5 years longer than white males of the same age (Fowles, 1978).

Second, the aged population of the future will include a larger proportion of minorities than is now the case. Technological and medical advances have not only had a greater influence on women than on men, but their influence has been more pronounced among minorities than among members of the majority group. The explanation for the greater positive effect on minorities has to do with the fact that minorities had, and still have, further to go to reach health parity. Once the advances in technology and medical science were disseminated to minority populations, the results were more dramatic in extending life expectancy. This is obviously a reflection of the considerable distance that remained, and still remains, between minority group life expectancy and the upper limit humans can expect to live.

Another important point is that the gap between access to life-sustaining resources has narrowed somewhat between the minority and majority populations. Moustafa and Weiss (1968) reported that in 1955, infant mortality rates for Mexican Americans and Anglos were 38.8 and 23.7 respectively; in 1963, the figures were 28.2 and 21.3. Also, the Orange County Health Planning Council (1978) reported infant death rates of 13 for Mexican Americans to 12.2 for Anglos. The statistics just mentioned are not totally comparable because of regional variation, so caution should be exercised in assuming that the gap has been closed. It obviously has not been closed.

In the future, then, the aged population will include a larger proportion of minorities, and of those minorities, Hispanics will constitute a larger proportion than is now the case. Hispanics in the future are expected to experience longer life expectancy, which will add substantively to the aged group. Additionally, the Hispanic population is currently undergoing a growth rate similar to that experienced by the total U.S. population between 1900 and 1940. The high growth rate of Hispanics can be attributed to a combination of high birthrate and immigration, but the projections are that neither will level off for some time to come. The cumulative effect of longer life expectancy, high fertility, and continued immigration indicates more substantial contributions by Hispanics to the aged group of the future.

Summary

This chapter has discussed the dynamics of an aging population. It has also addressed the life situation of older Hispanics in this country in terms of geographic distribution and demographic characteristics as defined by the U.S. Census and other government agencies. The heterogeneity, as well as projected group effects on the total population, are also discussed.

Chapter IV will explain development of the instrument, sampling techniques, and quality control constraints maintained throughout the development of this study.

TABLE 3:1
PROJECTED POPULATION ESTIMATES

The Elderly	1970	1978	2000	2015	2040
65 and Over	9.8%	11.0%	12.2%	13.9%	17.9%
65 - 74	6.1%	6.8%	6.7%	8.5%	8.8%
75 - 84	3.0%	3.2%	4.1%	3.7%	6.5%
85 and Over	0.7%	1.0%	1.4%	1.7%	2.6%
Future Population (millions)	204.9	218.5	260.4	283.2	308.4

TABLE 3:2

THE PROBABILITY OF BEING INADEQUATELY HOUSED

			Age of Household Head		
Sex of Head	Race/Ethnicity of Head	Household Size	65+	30-64	Under 30
Female	White	1 person	0.13	0.15	0.19
		2-5 persons	0.16	0.17	0.18
	Black	1 person	0.27	0.31	0.25
		2-5 persons	0.33	0.26	0.28
	Hispanic	1 person	0.18	0.30	0.27
		2-5 persons	0.24	0.24	0.29
Male	White	1 person	0.27	0.29	0.25
		2-5 persons	0.13	0.17	0.20
	Black	1 person	0.43	0.38	0.34
		2-5 persons	0.27	0.25	0.27
	Hispanic	1 person	0.56	0.37	0.40
		2-5 persons	0.21	0.25	0.23

U.S. Department of Housing and Urban Development (1976).

FIGURE 3:1

TOTAL UNITED STATES

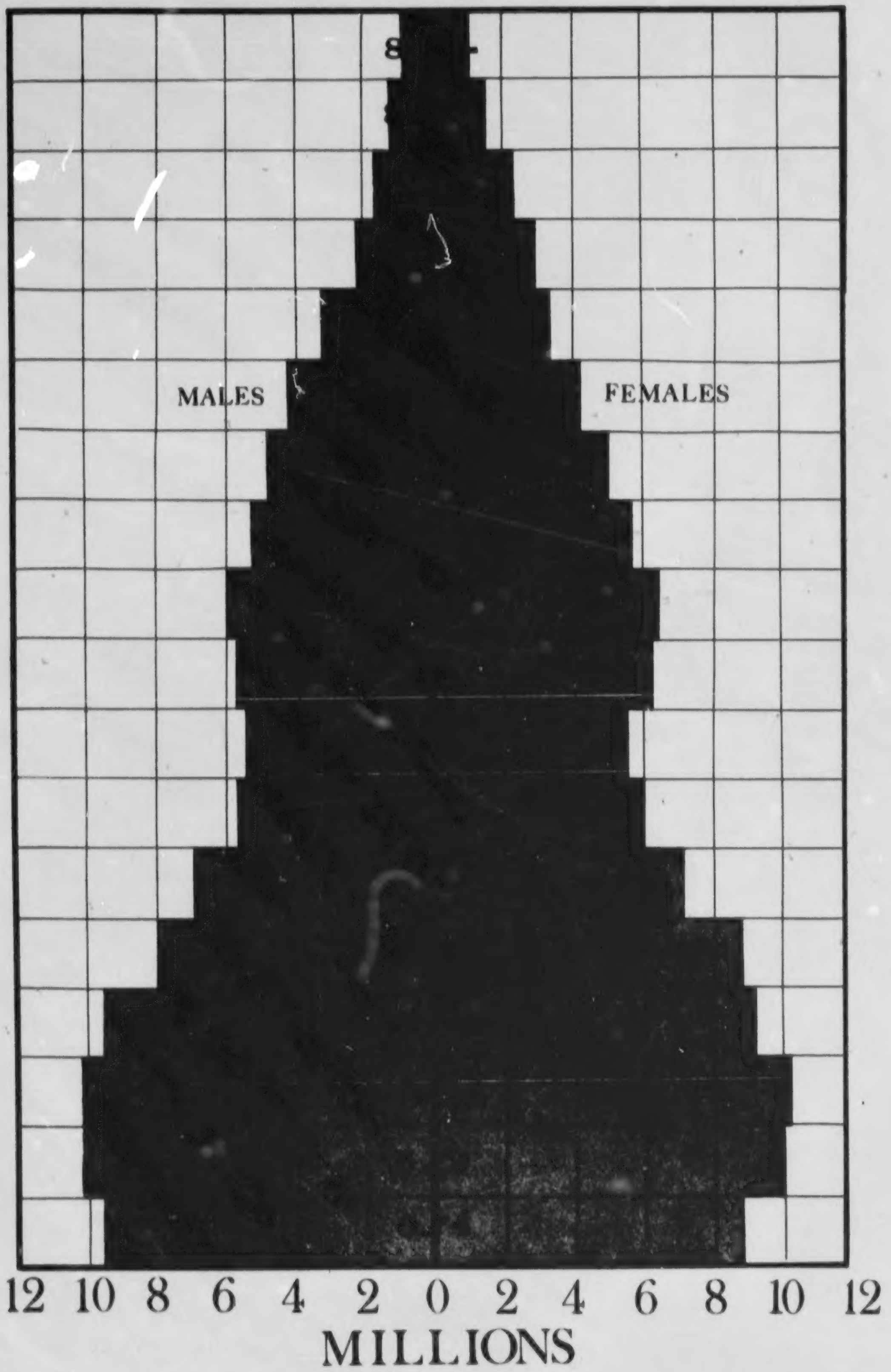


FIGURE 3:2

PERSONS OF SPANISH ORIGIN IN THE UNITED STATES 1974

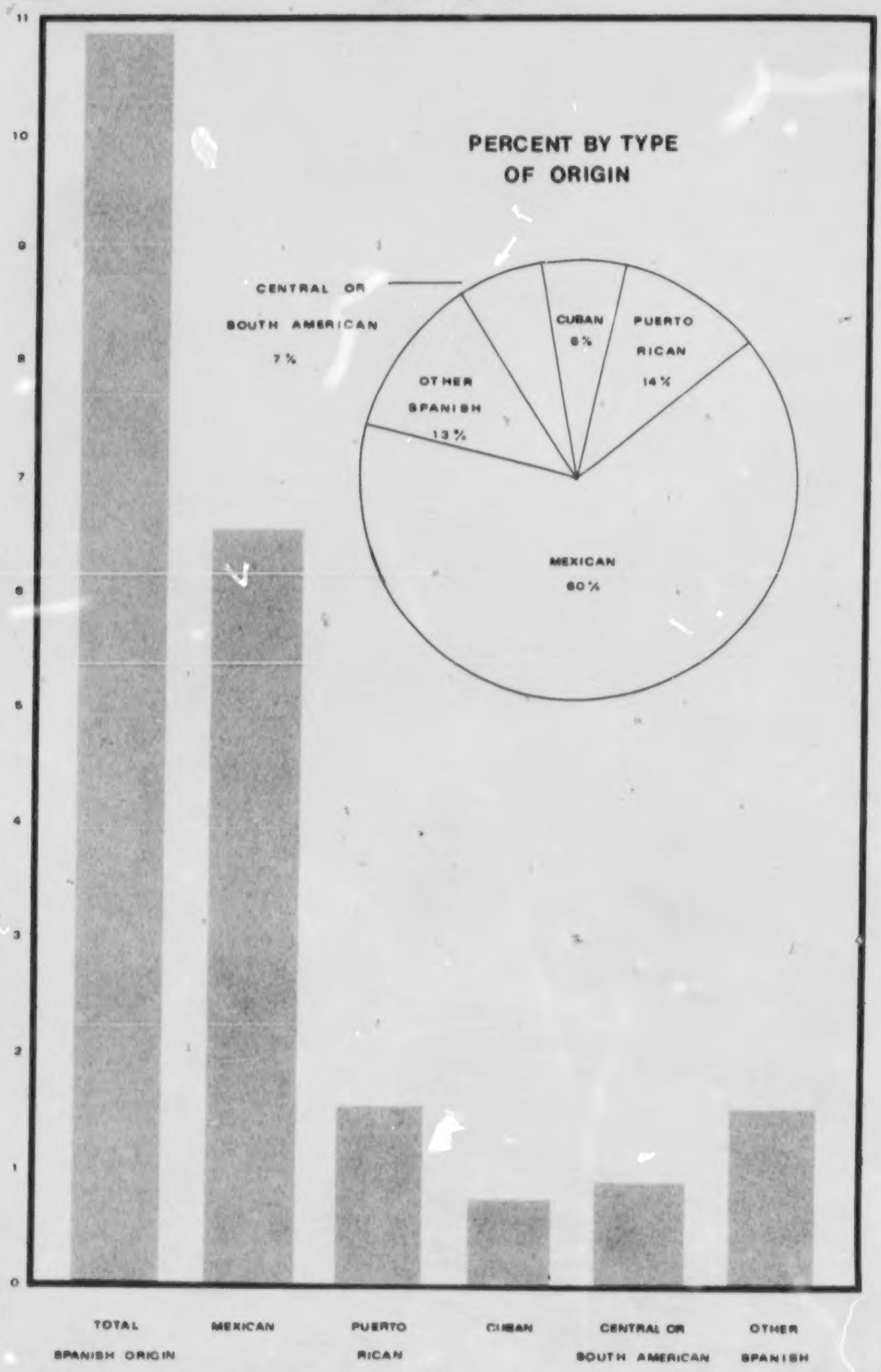
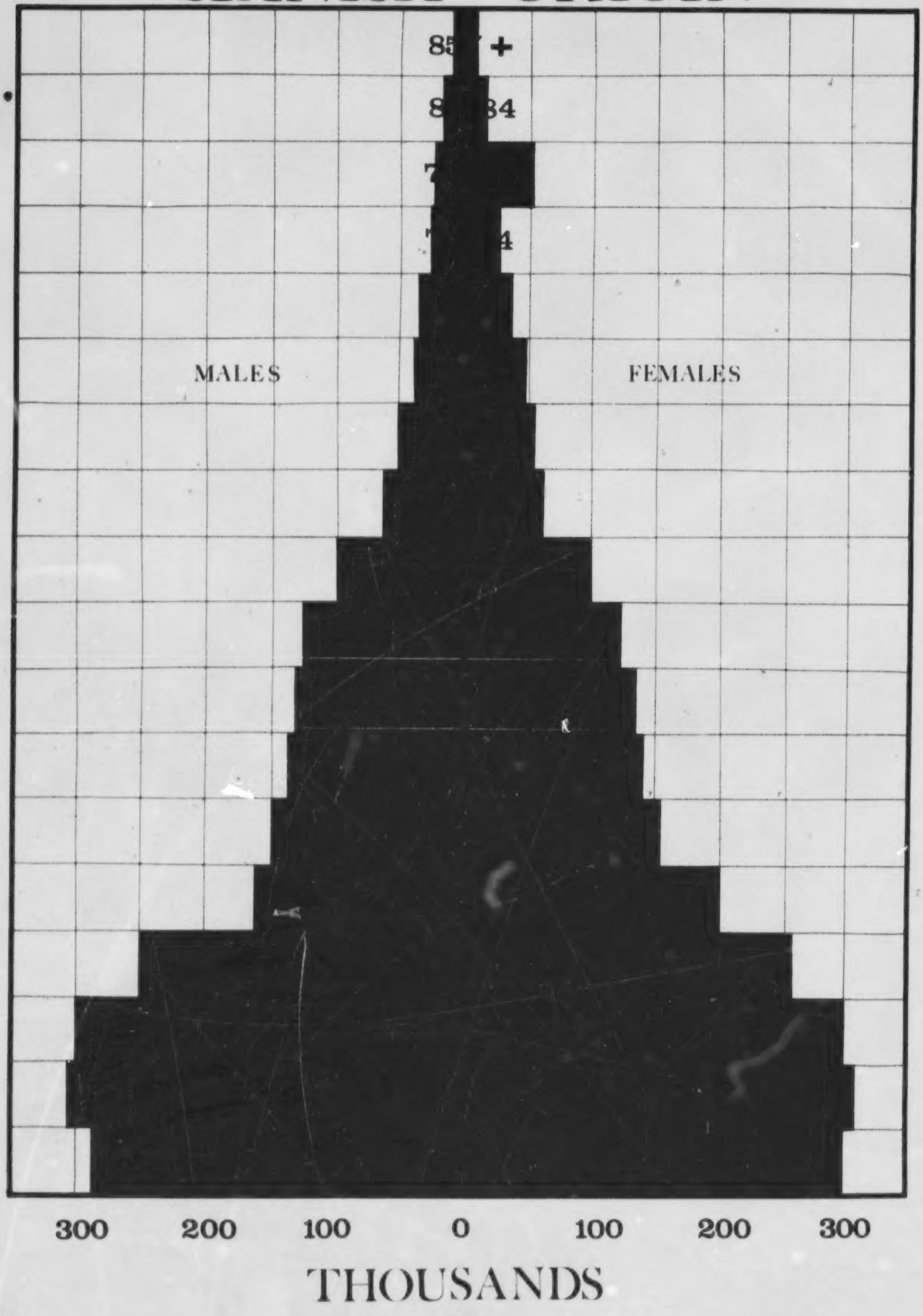


FIGURE 3:3

SPANISH ORIGIN



64

FIGURE 3:4

MEDIAN AGE OF SPANISH ORIGIN, BLACK AND TOTAL POPULATION

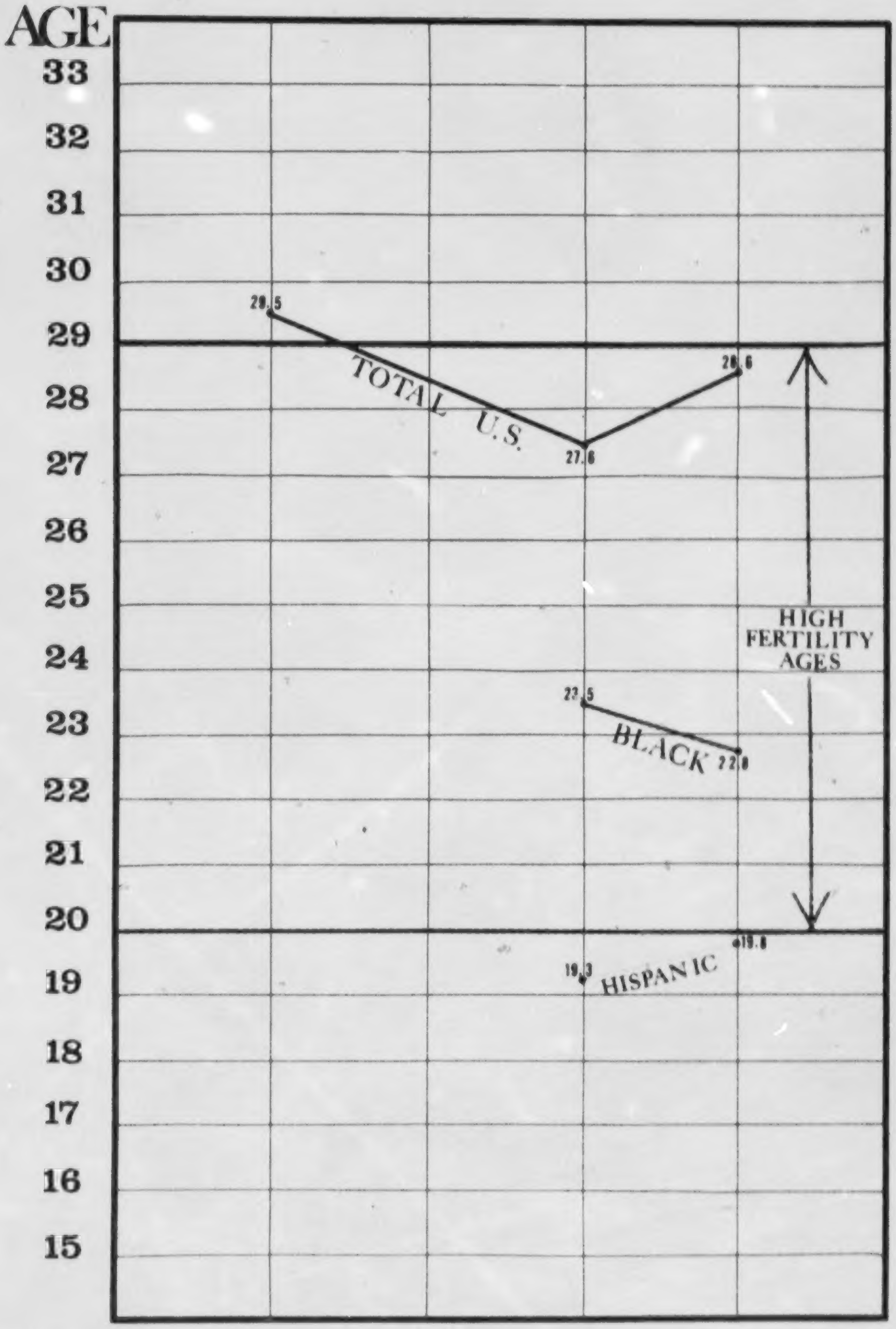
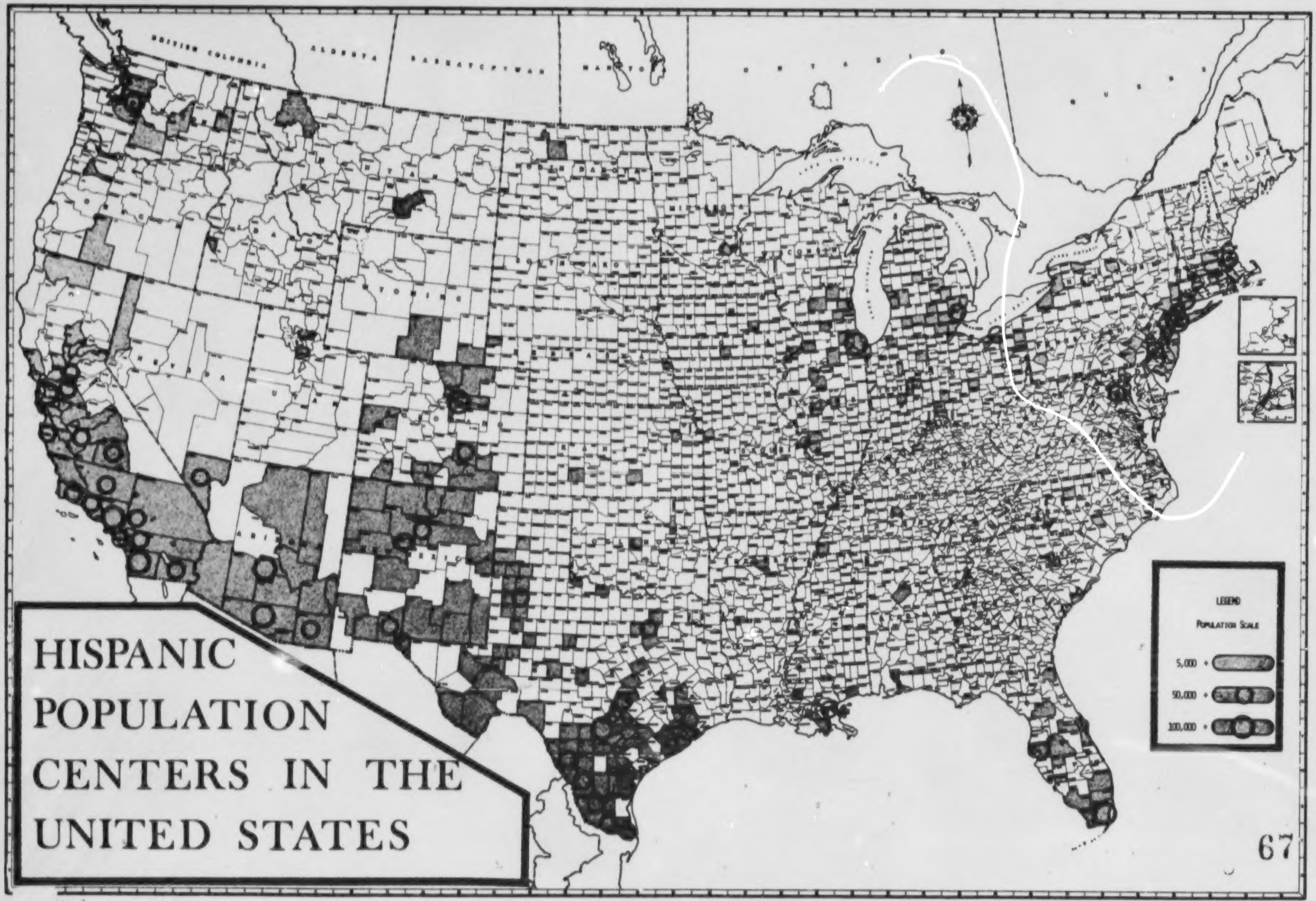


FIGURE 3:5


BRITISH COLUMBIA
ALBERTA
SASKATCHEWAN
MANITOBA
ONTARIO
QUEBEC
LEGEND
Population Scale
5,000 +
50,000 +
100,000 +

HISPANIC POPULATION CENTERS IN THE UNITED STATES

FIGURE 3:5

67

2

66

IV. METHODOLOGY

Research Question, Predictions, Research Design, and Data Collection Procedure

The purpose of this chapter is to state the research question, explain the research design, and to give particulars of the data collection procedure. Surely, the significance of a study and the degree to which the findings can be generalized are limited by the precision with which the research question is formulated, by the research design, and by data collection procedure specifics. Accordingly, in this study, painstaking care was taken to assure compliance with the standard procedures of social science research.

A. Research Question

The research question is straightforward and can be stated thus:

> How can persons, groups, service organizations, and planning agencies be improved and assisted to function in supportive and caretaking roles, and to increase the overall rate of service utilization by the Hispanic elderly?

The logic on which this research question was founded is as follows: Providers of social services and social scientists agree that Hispanics, especially older Hispanics, are a group with high need for social services. The principal evidence of these needs is the low socioeconomic status of the group. On the other hand, given the availability of services, older Hispanics have consistently used services less than their Anglo counterparts -- even though Hispanics, as a group, have higher needs.

Explanations in the past have failed to resolve this anomaly. One persistent obstacle that has hampered research efforts is the absence of baseline information on the target population. Hypotheses based on insufficient or inaccurate information can only lead to insufficient or inaccurate conclusions.

The overriding purpose of this study is, therefore, to supply such baseline data. It will describe older Hispanics in terms of demographic, personal, and ethnic characteristics. It will also define the population on knowledge, use, evaluation of, and need for social services. Hence, this study will demonstrate how persons, groups, service organizations, and planning agencies can be improved and assisted to function in supportive and caretaking roles, and to increase the overall rate of service utilization by the Hispanic elderly.

The study's main underlying assumption is that inadvertent gaps between planners, providers, and their clients can be eliminated once the planners and providers have valid information on which to base services. One prerequisite to the provision of adequate services is knowledge. The provider must have knowledge of the client he/she serves.

B. Predictions

One basic objective of this study is to add to the literature by defining demographic and personal attributes of older Hispanics. The study is, therefore, basically descriptive in nature. Nevertheless, in a descriptive study, stated predictions have the advantage of imposing a rigor and a structure that provide guidelines for implementation of the research process at all stages. The following general predictions are proposed:

1. Older Hispanics do not vary significantly, by subgroup, on number of diseases.
    a. Older Mexican Americans, Cubans, Puerto Ricans and Other Hispanics have a similar number of diseases.
2. Older Hispanics do not vary significantly, by subgroup, on disability.
    a. Older Mexican Americans, Cubans, Puerto Ricans and Other Hispanics have similar disabilities.
3. Older Hispanics do not vary significantly by subgroup on either knowledge, use, or need of social services.
    a. Older Mexican Americans, Cubans, Puerto Ricans and Other Hispanics have similar knowledge of social services.
    b. Older Mexican Americans, Cubans, Puerto Ricans and Other Hispanics have similar use of social services.
    c. Older Mexican Americans, Cubans, Puerto Ricans and Other Hispanics have similar needs for social services.

The research question can be resolved through defining the target population.

C. Research Design: Questionnaire Development, Pretest, and Sampling

Several overriding concerns guided the development of the questionnaire. These concerns are of two general classes. (1) technical concerns and (2) expressive concerns. The two were equally important to the final success of the study. For instance, if the questionnaire was not scientifically acceptable, cooperation from the study's subjects would come to naught. On the other hand, if the questionnaire conformed to the highest scientific standards, but if the subjects did not understand its meaning, or if they withheld their cooperation for any other reason, the study would surely flounder.

First, from a technical standpoint, a main concern was the problem of validity. The questionnaire must encompass the theoretical framework so as to address the research question in all its aspects. This was a matter of including all the questions needed to describe the population clearly on pertinent characteristics. But this objective also required a constant reordering of the questionnaire to fit the linguistic nuances of regionally divergent Hispanic populations. This point will be returned to later. Another major technical concern throughout the development of the instrument was the question of biases, which also are related to validity. For example, Anderson et al. (1978) have reported that the tendency among minority samples not to respond may be due to misunderstandings of the question. Also, the response set toward "yea-saying" has been reported by researchers studying disadvantaged respondents (NCHSR, 1977). During the development of the instrument, a serious effort was made to tailor the questionnaire to the client so that sources of bias and other errors would be minimized.

The second major theme in developing the questionnaire involved expressive concerns. These have to do directly with the subject and how he/she is afffected by the instrument. Subjects in this study qualify for special consideration because they are both aged and Spanish-speaking. Those who design instruments for use with the elderly must take into account the fact that many older people tire easily. In order to facilitate high completion rates, the length of time to complete must be carefully calculated, and the final instrument must not exceed the limits set for unhurried completion. When calculating the completion time, it was important to note that older individuals are often reluctant to stick to subject matter. Because of this, additional time was allocated for the interview. Regarding special consideration to the Spanish-speaking, both Rodriguez (1978), and Newton (1980) have pointed out the importance of the concept "personalismo" among the Spanish-speaking. The concept defines cultural patterns of preferred interaction wherein individuals relate to one another on a somewhat personal level even when conducting business. According to Newton (1980), the vital concepts of pride and dignity are embedded in the system of "personalismo." Therefore, a major concern in this study was that the interviewer/respondent interaction meet expectations of older Hispanics, especially to the degree that cultural sentiments remain inviolate. Communication between subject and interviewer is an important factor in determining the success or failure of the data collection process. Moustafa and Weiss (1968:22) have noted that the success of the household interview depends on achieving good communication between interviewer and respondent. Consequently, in this study, special precautions were initiated to insure that interviewers were both sensitive to and knowledgeable of the target group. The specifics of the procedure adopted will be discussed under "quality control procedures" to be discussed at the end of this chapter.

1. Questionnaire Development

The characteristics of the sample and the objectives of the study suggested that the interview schedule would be most appropriate for collecting data. The interview schedule differs from the questionnaire only in the way the information is procured. A questionnaire is filled out by the respondent, while the interview schedule is filled out by the interviewer in a face-to-face interview with the respondent. The interview schedule has the advantage of a high success rate. A disadvantage of the questionnaire is that the return rate can be quite low. Additionally, the probability of a low return rate increases with advanced age of the subject. Once ethnicity and some degree of illiteracy are added to the group characteristics, one would expect a very low return rate on questionnaires. For these reasons, the interview schedule was most appropriate for this study.

The majority of the study's questions were specific and close-ended. However, when the specific questions failed to be exhaustive, open-ended questions were added to allow full expression to the subject.

The questionnaire[1] was first developed in English. The consulting committee who worked out the details of the instrument included consultants from the Administration on Aging, U.S. Bureau of the Census, and Kaiser Permanente Research. The overall objectives of the study were subcategorized into twelve major areas of focus, as follows: socio-demographics and language; employment; housing; crime; physical and mental health; income and expenses; nutrition; social services; social organizations; religious and political activities; discrimination; and information sources. The development of the questionnaire proceeded as questions were developed in accordance with the objectives outlined. The two outcome measures chosen to obtain a fairly comprehensive health profile of the older Hispanics are the OARS Multi-dimensional Functional Assessment Questionnaire, and the Subjective Distress scale of the Psychiatric Status Schedule (PSS). According to Pheiffer (1975) and others, the combination of the two instruments can provide a comprehensive profile of functional ability. The completed final instrument, in both English and Spanish, is included in Appendix I.

The translation of the instrument from English to Spanish was accomplished by a committee of translators "in house," working at the national headquarters of the Asociacion. The committee included the following ethnic representations: 1 Cuban, 1 Spaniard, 1 Puerto Rican, 1 Mexican American, and 1 Nicaraguan. In addition, a translator from Colombia assisted as a facilitator when the other panel members had difficulty in agreeing on a word or phrase that would be acceptable to all ethnic groups. When the translation was accomplished to the satisfaction of all translators, the instrument was re-translated from Spanish to English by a bilingual translator. This process was carried out to assure accuracy in translation of the Spanish version. The instrument was then judged to be ready for field use with the Hispanic population.

2. Pretesting of the Instrument

Pretesting took place in New York, Miami, and Los Angeles. In each city, between 15 and 30 older Hispanics were administered the questionnaire by interviewers who had been trained by field supervisors in each area. Pretest procedures involved the following: in each target city, field supervisors were requested to select their three most experienced interviewers to administer the pretest and to write an evaluation of the procedure, including details of feedback from the subjects. The purpose of the pretest was to evaluate the instrument in terms of adequacy and time required for completion. It was important to know the responses of older Hispanics with respect to general acceptability, including comprehension. It was also important to know whether the questionnaire could be completed within the 60 minutes allotted.

Following the pretesting, interviewers turned in to their field supervisors their complete report on each interview, including completed questionnaires and write-up of the details of the interview. Interviewers were cautioned to note carefully any items that appeared to be "problem questions," or any areas where comprehension appeared to be doubtful. All of the pretesting materials were subsequently sent to Los Angeles, where the Asociacion assembled them for analysis and revision of the instrument.

A careful analysis of the pretests indicated that, in general, the instrument had been well-received by the subjects. Interviewers reported that most older Hispanics had stated that they enjoyed the interview. This suggested that the content of the instrument would not negatively influence the completion rate among the subjects. However, pretests also revealed problem questions where subject comprehension was low. In addition, the field pretest indicated that the instrument was too long. Each of these problems required remediation before the instrument could be finalized. First, in the interest of both validity and reliability of the instrument, problem questions were carefully reworded to increase comprehension. Care was taken to insure consideration of input from pretest subjects. Second, several questions judged to be least vital to the main objectives of the study were eliminated. This reduced the required interview time by several minutes. After revisions, it was estimated that the mean interview would not exceed the previously established goal of 60 minutes.

3. Sampling Design

This study targets not only a specific population, but a population that is further composed of subgroups. Admittedly, the undertaking was an ambitious one and required careful planning from the start. One main objective of the sampling plan was to draw a sample that simulated as nearly as possible the overall population in specific Hispanic subgroup representation. Figure 4:1 shows the number of Hispanics by origin in the population. Table 4:2 indicates the number and percentage of individuals who compose the different subgroups, according to selected geographic areas. Both Tables 4:1 and 4:2 reflect estimated population characteristics as of March, 1976. Figures are based on a sample from the 1970 U.S. Census file, which has been upgraded continuously. Current Population Reports deal mainly with labor force data for the civilian, noninstitutional population. The reports can be no more valid in representing the Hispanic population than the Census data on which it was based.

Regarding the 1970 U.S. Census data, Hispanic groups and independent governmental agencies have charged that the Bureau of the Census severely undercounted and therefore incorrectly reported the size of the Hispanic population of the United States in 1970. As a whole, the Hispanic population was, in fact, underestimated and misreported by as much as 20 percent. Some groups in particular areas of the country were undercounted by as much as one-third. Therefore, the demographic profile of the Hispanic elderly as defined by the 1970 U.S. Census is automatically suspect as a result of the erroneous enumeration. The figures must, therefore, be considered as indicators and not as concrete data (U.S. Commission on Civil Rights, 1974).

In the absence of accurate 1970 Census data, no valid criteria exist on which to base sampling plans. The problems of attempting to draw a sample that simulates the Hispanic population are therefore multiplied. In this study, it was decided to base the sampling on 1970 U.S. Census data, Fifth Count. These are the only official data, even though it has been well documented that these data underrepresent the Hispanic population. Also, it was found that none of the commercial census data organizations maintain the required data base for sampling the older Hispanic population.[2]

Census data shortcomings are only one of the problems inherent in sampling minority populations. In the case of Hispanics, another major problem has to do with geographic clustering. This problem can be explained as follows: In the typical opinion survey of the American public 18 years of age and older, elderly respondents would constitute no more than 15 percent. For any type of sustained review and analysis, that subsample would be entirely inadequate. In addition, the number of minority elderly within such a subsample would be negligible. In other words, it is grossly inefficient in terms of resources to sample from the general population when the target population is a specified subgroup. The non-Anglo group constitutes less than 15 percent of the elderly (Harris, 1975). For this study, despite certain obstacles to sampling, there remained the need to define scientifically a population about which little was known, especially regarding participation in social service utilization. The decision was made, therefore, to develop a national sampling frame for the Hispanic elderly.

a. The Original Sampling Design

The original sampling design involved the establishment of two separate random probability samples:[3]

(1) A sample of 1504 respondents distributed in California, Texas, and New York

(2) A sample of 1504 respondents distributed through the remaining 47 states.[4]

In brief, the plan called for the identification of the Hispanic population, beginning with counties. Forty-five metropolitan and non-metropolitan counties were drawn from fifteen states. Three hundred block groups were selected as secondary sampling units (SSUs) with two blocks to be sampled from each SSU.[5] Five dwelling units would then be selected from each block.

Immediately prior to the selection of blocks, it became obvious to the Asociacion staff that the sample had to be reduced in size and scope for efficiency of cost and for maintenance of quality control. The original plan was laid aside, and a new sampling design was implemented.

b. The Implemented Sampling Design

Since the research design calls for interviewing only Hispanic elderly, an enumeration of the total population was considered unnecessary and undesirable. When specific sub-populations are the target group, researchers in the past have usually forgone simple random sampling in favor of multi-stage sampling. This approach renders the enumeration of population members unnecessary. Instead, samples of the target population are drawn, in stages, from a series of lists of sampling units or clusters. Specifically, the sampling method employed was a multi-stage probability selection, with demographic and geographic stratification introduced in the first three stages.

Census data indicate that close to 99 percent of the Hispanic population are clustered into counties corresponding to a few states. Accordingly, this study of older

Hispanics was limited to counties in Arizona, California, Colorado, Connecticut, District of Columbia, Florida, Illinois, Indiana, Louisiana, Maryland, Michigan, New Mexico, New York, Texas, and Utah. This kind of geographic concentration has enormous implications for sampling design. By sampling heavily from these states, overall representation can be achieved easily. In addition, the dispersion of primary sampling units is somewhat reduced. This makes fielding procedures more manageable and cost efficient.

The sample was drawn from 45 counties. Two hundred thirty-four blocks were selected from those counties according to descending order of Hispanic population.[6] A fixed number of eight respondents were targeted for each block. At the block level, eight individuals meeting the research criteria were selected. Appendix II gives the detailed step-by-step procedures through the multiple stages of sampling.

c. Sample Characteristics

The main characteristics of the sample concern sample size, the age of participants, and the sex composition. The number of Hispanic elderly to be selected was set at 1,872. National Planning Data Corporation provided the Fifth Count tape from which the sample was drawn. The age of participants was set at 55 years of age and over. If this appears "young," consider that according to the Special Session for the Spanish Speaking Elderly, White House Conference on Aging (1971), at 48 years of age a Spanish-speaking migrant compares with an Anglo of 65. This is because of hardships the Hispanic individual has to endure. In a study by Crouch (1972), the researcher found that the majority of the 292 older Mexican Americans interviewed perceived old age as beginning between ages 50 and 55 years. Finally, Newton (1980) has noted that it is safe to say that the common standard of age 65 is probably not appropriate for the Hispanic population. In view of life historical differences, together with the report of Moustafa and Weiss (1968) that the mean death of Spanish-speaking persons in Colorado is 56.73 years, the age of 55 was set for the beginning of old age in this study.

Regarding the male/female composition, in 1975, 49.1 percent of the Hispanic elderly were male, while 50.9 percent were female. Such a small variance between the sexes can be attributed to the low socioeconomic status of the Spanish-speaking population, where both males and females have equally low life expectancies.[7] Since the composition of Hispanic elderly in the general population is so nearly equal, the goal of this study was to interview equal numbers of males and females.

D. Data Collection Procedure

Preliminary to the data collection procedure was the task of preparatory work in the field, such as the screening and hiring of field representatives and the institution of quality control.

(1) Field Representatives and Interviewers

Asociacion research staff hired field representatives for all areas except New York and Miami. In the latter two sites, data collection and quality control were sublet to local research firms.

Each field representative received specific in-depth training by a management specialist from the Asociacion. A Manual of Policies and Procedures served as the field supervisors' handbook. It answered questions about recruitment, planning for attrition, training, ethics of social research, administrative procedures, and the flow of data. The manual also covered specifics of data collection and copies of all forms that the field supervisor would process.

Interviewers were hired and trained by field supervisors (except in New York and Miami). Supervisors were requested to hire only experienced interviewers whose ethnicity matched the population to be interviewed, and who resided in the target cities.

Interviewers were supplied with a Questionnaire Specification Manual. This manual gave detailed information and specifications for each item of the interview schedule or questionnaire. Each interviewer also received an Interviewer's Field Guide describing the study, data collection activities (including contacting the respondent), specifics of the questionnaire, administrative procedure, and copies of all forms pertaining to interviewers' work. For each assignment, the interviewer received an Assignment Control Form (used for master control purposes) and a fully designated block map, which noted both the starting point and the route to be taken by the interviewer. The eight individuals to be interviewed in each block were to include four males and four females. In addition, within each sex, two individuals were to be 64 years of age or under, and two were to be 65 years of age or older. The Assignment Map Form also included guidelines about which individual to interview in the event that more than one satisfied the criteria for respondent. For example, interviewers chose:

> The oldest male if more than one male was eligible;
>
> The oldest male if there were eligible persons of both sexes;

The oldest female if multiple females were in residence.

This arrangement takes into account the fact that older respondents are least likely to be found.

In addition to the qualifications mentioned already, interviewers were at least 21 years of age, could write and speak both English and Spanish fluently, and could relate well to the elderly.

(2) Quality Control

Quality control was considered to be one of the most important aspects of this study. Rigid standards and follow-up were adhered to at all times. The study's quality control system consisted of a set of checks and balances that left nothing to chance, including the professional ethics of those involved in the study. The essence of the controls were:

1. Management procedures had been worked out at the onset of the study.
2. Forms had been instituted for all activities.
3. All behaviors and many impressions pertinent to the study were recorded in full detail.

Obviously, quality control is primarily concerned with the quality of the product. It was essential that instructions be carried out explicitly and implicitly to insure the highest quality in the completed questionnaires. An example of a control follows:

The first five completed interview schedules submitted by an interviewer were forwarded to an Asociacion management specialist. The specialist checked each schedule, watching for "systematic biases," "response patterns," or any other unusual "set." In the event of irregularities, action was initiated immediately to resolve the matter.

When interviewers initially entered the field, the field supervisors supplied each with two interview assignments and all necessary supplies, including Map, Interviewer's Field Guide, and Questionnaire Specification Manual. After the newly initiated interviewer conducted two interviews, he/she returned to the field office for a check of quality control and briefing. Only after additional training and clarification of essential issues did the interviewer undertake additional assignments.

Every eighth interview completed was verified by the field supervisor, who asked the subject several questions after explaining to the respondent that the Asociacion was verifying the work of the interviewer. Some of the questions asked were: (1) How long was the interview? (2) How many children do you have? (3) Do you own or rent your residence? and (4) What is the date of your birth? In the event of invalid questionnaires, the interviewer was promptly discharged and all the questionnaires on which he/she had worked were voided. One such instance occurred.

Another technique of quality control was a close working relationship between the Asociacion's management specialist and individuals in the field. Frequent personal visits with field supervisors were augmented by still more frequent telephone calls, coupled with immediate feedback when materials were forthcoming or requests were made.

The following are some of the forms that were devised to insure quality control:

83

1. Assignment Control Form
2. Assurance of Confidentiality
3. Field Representative's Manual of Policies and Procedures (with following attachments)
    a. Field Interviewer Job Specifications
    b. Interviewer's Time, Production and Expense Report
    c. Interviewer Status Report
    d. Log of Possible Eligibles
    e. Assignment Control Form
    f. Supervisor's Status Report Form
    g. Supervisor's Time/Production Report for Week Ending Saturday __(Date)__
    h. Travel Expense Report for Week Beginning Sunday __(Date)__
    i. Interview Verification Form
4. Interviewer's Field Guide (with following attachments)
    a. Block Map
    b. Block Group Map
    c. Enumeration District Map
    d. Assignment Map Form (3 area specific forms)
    e. Log of Possible Eligibles
    f. Interviewer's Time, Production, and Expense Report
    g. Interviewer Status Report
5. Letter of Intent (to subject from Asociacion's National Executive Director)
6. Assignment Control Form
7. Screening Procedure
8. Questionnaire Specification Manual

(3) Data Collection Procedure

The data were composed of information collected during an interview with each subject. The interview was conducted in the home of the subject, and the interview schedule, or questionnaire, was filled out by the interviewer, who asked the designated questions and recorded the responses of the subject.

All interviewers were trained to perform a screening procedure at the beginning of the interview. This procedure insured that only Hispanics over 55 years of age would be included as subjects. Interviewers also assured the subjects about the study's strict confidentiality. All interviewers wore a badge to authenticate the purpose of their visit. Confidentiality was further guaranteed by interviewers' training in how to respond specifically to most interviewing eventualities.

E. Coding and Data Reduction

All coding and data reduction were completed at the national headquarters of the Asociacion Nacional Pro Personas Mayores. Steps were taken, when possible, to correct wild codes. Sometimes a telephone call could rectify the error. Occasionally, a photocopy of the questionnaire was sent to the field supervisor for follow-up. Open-ended questions were coded by one Cuban, one Central American, and one South American.

F. Outcome

The expected number of respondents was 1,872; 1,804 interviews were completed and processed. One reason for this reduced number of respondents was population shifts and demographic changes that meant that the expected population simply did not materialize. This phenomenon occurred mostly in Utah, where few respondents were found.

As stated, because the 1976 estimated Population Characteristics (see Table 4:1) was used, it is not appropriate to evaluate the degree to which the drawn sample simulated the total Hispanic population in terms of ethnic subgroup composition. Table 4:3 shows both the estimated totals for the general population and those drawn for this study, by both numbers and percentages of totals.

According to Table 4:3, Mexican Americans were oversampled by 5.1 percent; Puerto Ricans were undersampled by 2.8 percent; Cubans were oversampled by 5.38 percent; and Other Hispanics were undersampled by 7.8 percent. Any evaluation of the degree to which the sample varied from the population perimeters must take into consideration the following important factors:

1. The sample was drawn from the 1970 United States Census, which was the only available Hispanic data suitable for sampling.
2. Since the 1970 Census, population shifts and other changes no doubt have occurred, so that the 1970 Census data lacks precision in describing the 1979 population.
3. As mentioned earlier, the 1970 Census underenumerated Hispanics at the time of the 1970 count.
4. The 1976 population used as a criterion in Table 4:3 is an estimate of population.

In other words, Table 4:3 compares an estimated sample with an estimated population. Considering the limitations and restrictions to valid criteria, we submit the sample drawn as reasonably representative of older Hispanics in this country.

G. Summary

It has been the purpose of this chapter to explicate the research question and discuss the research design utilized, including development of the interview schedule and sampling plan. Data collection procedures were also discussed, together with the precautions taken to insure high quality control.

Chapter V will delineate some findings in terms of characteristics of the study's sample.

Footnotes

1 Questionnaire is the word most often used to designate the type of instrument which was utilized in this study. For this study, "questionnaire," "interview schedule," and "instrument" refer to the identical document, which is illustrated in its entirety in Appendix I.

2 The sampling base is identified as follows: The 1970 Census of Population and Housing, Fifth Count Data, for Enumeration Districts and Block Groups.

3 The original sampling was designed by Opinion Research of California.

4 Alaska and Hawaii were never included in the sampling design.

5 The particulars of the sampling will be given in Appendix II. Stages 1 through 5 wil sampling design.

5 The particulars of the sampling will be given in Appendix II. States 1 through 5 will be included.

6 The block groups or enumeration districts were sorted in descending order according to the number of Hispanics who are 55 years of age and older. That is, for each of the 45 counties, the block group or enumeration district with the largest number of Hispanics aged 55 and above appeared first, while the block group or enumeration district with the least number appeared last.

7 Quesada and Heller (1977) note that Anglo-American females generally have much lower rates for various diseases than do Anglo men. This sex difference does not seem to exist among Mexican Americans.

TABLE 4:1

SPANISH ORIGIN POPULATION

Type of Spanish Origin	Number (thousands)	Percent
Total Spanish Origin	11,117	100.1 *
Mexican American	6,590	59.3
Puerto Rican	1,753	15.8
Cuban	687	6.2
Central or South American	752	6.8
Other Spanish Origin	1,335	12.0

Current Population Reports,
Persons of Spanish Origin in the U.S., March, 1976.

* Does not equal exactly 100% due to rounding error.

TABLE 4:2

PERSONS OF SPANISH ORIGIN BY SELECTED AREAS*

Area	Persons of Spanish Origin (thousands)	Percent Spanish Origin Population 1976 CPR[1]	1970 Census	Total Spanish Origin 1976 CPR (thousands)	Percent Spanish Origin 1976 CPR
UNITED STATES					
Total	11,117	5.3	4.5	10,803 to 11,431	5.15 to 5.45
SELECTED AREAS					
New York State	1,655	9.3	7.4	1,536 to 1,774	8.6 to 10.0
Five Southwestern States	6,414	16.4	13.9	5,852 to 6,976	15.0 to 17.8
California	3,179	15.1	11.9	2,897 to 3,479	13.7 to 16.5
Texas	2,187	17.9	16.4	1,870 to 2,505	15.3 to 20.5
Other	1,048	17.7	16.0	688 to 1,408	11.6 to 23.8
Remainder of the U.S.	3,048	1.9	1.8	2,879 to 3,218	1.8 to 2.0

[1] Resident population excluded persons in institutions and armed forces in barracks.

*Current Population Reports,
Persons of Spanish Origin in the U.S., March, 1976.

TABLE 4:3

A COMPARISON OF SAMPLE TO TOTAL HISPANIC POPULATION

	United States		Sample	
Type of Spanish Origin	Number*	Percent	Number	Percent
TOTALS	11,117	100.1***	1,804	100
Mexican Americans	6,590	59.3	1,163	64.4
Puerto Ricans	1,753	15.8	234	13.0
Cubans	687	6.2	209	11.6
Other Hispanics**	2,087	18.8	198	11.0

*(numbers in thousands)
Current Population Reports,
Persons of Spanish Origin in the U.S., March, 1976.

**Central and South Americans were grouped with Other Spanish Origin to coincide with the subgroup classifications in this study.

***Does not equal exactly 100% due to rounding error

V. CHARACTERISTICS OF THE SAMPLE

The demographic, personal, and ethnic characteristics of older Hispanics reflect certain life experiences, including limited alternatives, that determine present needs. The factors influencing the current circumstances for any given individual are numerous. Some factors believed to bear most importantly on needs include: language, age, education, income, family composition, and degree of health. The following discussion describes the older Hispanics of this study with respect to several relevant factors.

A. Language

Perhaps the most distinguishing feature of older Hispanics -- surely, the factor that most clearly differentiates this group from other poor elderly -- is their almost exclusive use of the Spanish language. It can be argued that there are other elderly individuals in this country who are just as needy as older Hispanics, but no other group has clung to their native tongue with such tenacity, and has hence experienced the disadvantage of monolingualism, to the extent that has been true of older Hispanics.

The survival of Spanish as a more or less exclusive communication mode is probably due to at least three factors. First, Hispanics have tended to congregate in barrios, where the presence of like kind obviates the need to learn English. Until the past few years, the lives of barrio dwellers have been relatively untouched by penetration of the dominant institutions into their neighborhoods. Furthermore, the necessity for barrio dwellers to go outside their neighborhoods is somewhat diminished by church and school supports present in many larger communities.

A second factor contributing to the survival of Spanish is the fact that the language has been reinforced and maintained by the influx of new arrivals from Mexico, Puerto Rico, Cuba, and other Latin American countries. Also, in the case of Mexico, the proximity of the mother country and the ease with which communication can be maintained contribute to the viability of Spanish as a dominant language, especially among older people.

Third, a concerted language preference is a more complex choice than the mechanics of language indicate. According to anthropologists, language reveals cultural sentiments and cognitive perceptions exclusive to the group (Fabrega, 1975). It can be assumed reasonably that those respondents preferring to be interviewed in Spanish identify more with traditional enclaves and are hence more peripheral to the major society. While the preservation of Spanish as the dominant language of Hispanics speaks to cultural integration, to a desire to maintain cultural sentiments, and to a yearning for cultural pluralism, the problem of social service access in an English-speaking society is still a real one. To date, service providers have not bridged the gap so that social services are equally accessible to the "neediest of the needy." The Spanish-speaking are often passed over. Language remains a formidable barrier to institutional access.

Table 5:1 shows us the language preference of older Hispanics. The highest preference is among Cubans, where 96.2 percent expressed a preference for Spanish. Cubans are followed closely by Puerto Ricans, where 95.3 prefer

Spanish. Among Mexican Americans, 84.8 percent prefer Spanish; and Other Hispanics indicate the most integration into Anglo society in that only 76.3 percent expressed a preference for Spanish over English.

The finding that an overwhelming majority of the Hispanic elderly prefer Spanish -- and actually requested that the interview be conducted in Spanish -- suggests that any social services targeting this group must reflect those sentiments in order to elicit a positive response in terms of the use of social services.

B. Age

The lower age limit of this study is 55 years, with no upper age designated. The oldest respondent was a 96-year-old Puerto Rican, although two 95-year-olds were also included -- one an "Other Hispanic," and one a Mexican American. Table 5:2 shows bv both number and percentage the composition of the age structure of the different subgroups. Table 5:2 also indicates the age group containing the most individuals, as well as the mean age. It will be noted that there is little variation in the mean ages of Hispanics by subgroup, though Puerto Ricans have a mean age of 65.37, which is slightly lower than that of the other groups. The largest single age group for "Other Hispanics" and Puerto Ricans is age 55, while both Mexican Americans and Cubans have the largest percentage in the age 64 group. Figure 5:1 shows the subgroup contribution to the various age categories.

C. Education

The formal education of older Hispanics is very low. Older Mexican Americans are most strikingly deprived in this area. Part of the reason for this situation is that

Mexico does not have a history of free education for the general population. Consequently, at the time that these older people grew up, they were denied education because of an inability to pay. Table 5:3 demonstrates that 25.4 percent of older Mexican Americans have never spent a day in school. Table 5:4 illustrates the mean number of school years completed by Mexican Americans is 3.63, which is approximately one-half that of Cubans. Figure 5:2 shows very clearly that educational attainment of older Mexican Americans departs drastically from the normal curve. Approximately equal proportions are represented in the categories of "no schooling," "only grades 1 through 3," and "only grades 4 through 6." Beyond grade 6, the representation of Mexican Americans decreases rapidly. On the other hand, the educational configuration as reported by older Cubans more closely simulates the normal curve. The configurations for Puerto Ricans and Other Hispanics in a general way follow the normal curve. However, they vary from each other in that older Puerto Ricans are represented in greater numbers at the low end of the curve, while older Other Hispanics are better represented at higher educational levels.

The Cubans are the most educated of Hispanic groups, followed by Other Hispanics and Puerto Ricans, and finally Mexican Americans. The point in including college education and beyond in Table 5:3 was to demonstrate that very few individuals attained this level in any subgroup. It can be said of the entire age cohort of 70 and older that education tended to be lower than for any subsequent age cohort. Nevertheless, older Hispanics represent an exaggerated case of older individuals who have survived without the benefit of formal education.

D. Employment Status

Cubans have the largest percentage (namely, 18.7 percent) who are employed full-time, followed by Other Hispanics, Mexican Americans, and finally Puerto Ricans, where only 8.5 percent of the over-55 population are working full-time. It will be noted that there is considerable variation between groups on employment status throughout. Puerto Ricans have the largest number who are disabled, as well as the largest number in the retired group. Mexican American women are the largest group who report that their occupation is housewife, followed by Puerto Ricans. The disabled group constitutes at least one-fifth of any one group.

Unemployment is highest among Cubans (12 percent) compared to 10.6 among Other Hispanics, 7.7 percent among Puerto Ricans, and 7.6 percent among Mexican Americans. 25.8 percent of Other Hispanics work either full- or part-time. This is the largest working group, followed by Cubans, where 23 percent are in the work force. Also, 18.5 percent work either full- or part-time, while only 10.2 percent of Puerto Ricans are active in the labor market.

E. Family Income

Income is one of the most accurate indicators of life chances, including lifestyle, housing adequacy, health, adequacy of medical care, and need for social services. The need for social services is more pressing among the poor. Table 5:6 demonstrates that fully one-fourth of all older Hispanics have incomes below $3,000 per year. Puerto Ricans have the lowest mean income, which is $3,625, followed by Other Hispanics, with annual income of $3,974; Mexican Americans, who have an average, or mean, income of $3,967 yearly per family; and finally Cubans, who report

$4,079. Figure 5:3 shows in graphic form the comparison of ethnic groups within different income categories. The income levels reported by older Hispanics verify that the majority live either below or near the poverty level.

Since only approximately one-fifth of older Hispanics work either full-time or part-time (Table 5:5), the assumption is that most of the elderly live on fixed incomes. Furthermore, it is well known that those living on fixed incomes reap the full negative effects of spiraling costs of living during times of inflation. All of these factors, then, indicate that older Hispanics constitute an extremely disadvantaged segment of the population.

F. Marital Status

The marital patterns of older Hispanics are by no means consistent among subgroups. In fact, the influence of ethnicity within subgroups is very strong. For instance, as shown in Table 5:7, more than one-half of Cubans and Mexican Americans are married, while Other Hispanics are somewhat less apt to be married presently. Puerto Ricans are least apt to be married (only 39.7 percent), and they are most apt to be widowed, divorced, separated, or never married. Divorce is lowest among Mexican Americans, where it is only 4.9 percent, compared to 7.6 percent among Other Hispanics. Older Cubans rank second in divorce, with 9.1 percent reporting divorced status, compared to the high of 9.8 percent reported by Puerto Ricans. It will be noted that common law relationships are a relatively rare phenomenon among older Hispanics of all subgroups.

G. Number of Children

Of all the Hispanic subgroups, Cubans have the fewest children. Table 5:8 shows a median of 1.94 for this group, which compares with 2.68 for Other Hispanics; 3.16 for Puerto Ricans; and 3.64 for Mexican Americans. The percentage of Mexican Americans who have eight or more children is more than three times that of Cubans. It is also interesting to note the modal, or largest, categories according to the classification of number of children shown in Table 5:8. Among Mexican Americans, the modal category indicates between five and seven children. This compares with one or two children for Cubans, Puerto Ricans, and Other Hispanics.

H. Living Arrangement

Living arrangements are very important in terms of cost of living, integration of the individual into society, social services needs, and perceived life satisfaction. For instance, it costs relatively more to maintain living accommodations for one than for two or more individuals. Furthermore, research has shown that those who live alone tend to be more isolated from mainstream society. Those who live alone also have the highest needs for social services and the lowest scores on life satisfaction. Therefore, it is logical to expect that living arrangements will be an important variable in predicting the needs of older Hispanics.

Table 5:9 illustrates the major living arrangements reported by older Hispanics. Among both Puerto Ricans and Other Hispanics, the largest category of living mode is individuals who live alone, the percentages being 38 for Puerto Ricans and 27.3 for Other Hispanics. Conversely, Cubans report that 39.2 percent live with their spouse, while among Mexican Americans, 27.5 percent live with their spouse. Mexican Americans report the highest percentage, 24.3, who live with both spouse and children. Other Hispanics are more apt to live with children, with

Puerto Ricans next most apt to have this living arrangement. It should be noted that living with others is more likely than living with children in all subgroups, except among Other Hispanics, where the situation is reversed. "Others" include an assortment of extended kin, in-laws, and other individuals, such as nurse and housekeeper.

I. Church Affiliation

It is not surprising that older Hispanics are predominantly Catholic, as shown in Table 5:10. Among older Mexican Americans, 89.7 percent reported being Catholic, as did 81.8 percent of Cubans, 85.5 percent of Puerto Ricans, and 85.4 percent of Other Hispanics. Cubans have the largest group of Protestants, with 12.4 percent reporting Protestant affiliation, followed by Puerto Ricans with 11.1 percent and Other Hispanics with 10.1 percent. Other denominations do not have a strong representation among Older Hispanics.

Church attendance, as shown in Table 5:11, resembles most other factors affecting older Hispanics in that it varies from subgroup to subgroup. However, one consistent finding obtains across subgroups; that is, the mode of attendance is weekly. This finding adds considerable support to the notion that religion continues to play a prominent role in the cultural lives of this population.

Perhaps a more accurate approximation of the importance placed on religion can be gleaned from observing the percentage of those who attend church weekly or more. From high to low, the Mexican American, 64.4 percent; Other Hispanic, 62.9 percent; Puerto Rican, 59 percent; and Cuban, 50.7 percent.

Cubans account for the largest percentage of non-churchgoers, wherein 25.4 percent never go and another 17.7 percent go only yearly. But in all subgroups, once the groups of "never attend" are combined with "yearly" group, the resulting "rare attenders" constitute at least one quarter of the population. It should be kept in mind that the information at this point does not tell us why people do not attend. Frail health or lack of transportation are two barriers that could intervene between wanting to go to church and actually getting there.

J. Age of Permanent Residency in the U.S.

Table 5:12 indicates the age at which individuals came to the U.S. to stay. The table also shows the percentage of individuals in each subgroup who were born in the U.S. The largest proportion of U.S.-born are Mexican Americans, 54.6 percent of whom were born here. The next largest group of U.S.-born is that of Other Hispanics, at 37.4 percent. As would be expected, Cubans came in later life. 57.4 percent came to the U.S. after age 50, compared to only 4.5 percent of Mexican Americans, 12.8 percent of Puerto Ricans, and 24.7 percent of Other Hispanics.

There is a tendency for Mexican Americans to be more distinguished by their arrival in this country at a younger age than is the case for the other groups. A comparison of the modes is interesting. The mode for Mexican Americans and Other Hispanics is "born here;" for Cubans "arrived after age 50;" and for Puerto Ricans "arrived between ages 26 and 50." As has been noted, the historical experience of age of residence varies considerably according to Hispanic subgroup.

K. U.S. Citizenship

Table 5:13 designates the percentage of individuals in the

100

different subgroups who are U.S. citizens. The Puerto Rican population reports 98.7 percent as citizens. The remaining 1.3 percent were individuals who perceived themselves as Puerto Ricans, but actually retained citizenship in another Latin American country. Aside from Puerto Ricans (where choice is not a factor), the highest percentage of U.S. citizenship is among Mexican Americans, of whom 67.2 percent are U.S. citizens, while only 30.6 percent of older Cubans are citizens of the United States.

L. Health

Surely health is one of the most important dimensions of any population. Health is a major concern of individuals at all ages, but with increased age, the degree of health assumes added importance.

Table 5:14 reveals the distribution of illnesses according to ethnicity. When degree of health is assessed in terms of the number of illnesses reported, Mexican Americans are healthier than any other individual group. For example, 46.8 percent of older Mexican Americans have one or fewer health problems, compared to 30.6 percent of Cubans, 30.3 percent of Puerto Ricans, and 38.8 percent of Other Hispanics. At the other extreme, only 17.4 percent of older Mexican Americans report four or more illnesses, compared to 31.1 percent of Cubans, 30.3 percent of Puerto Ricans, and 27.8 percent of Other Hispanics. In short, Mexican Americans report the fewest illnesses, Cubans the most.

Table 5:15 shows the ranking of different illnesses by ethnic group. While arthritis is the most prevalent illness in all groups, and while high blood pressure is ranked as the second major illness in all groups, some

variation exists in the position of the third- and fourth-ranked illnesses. Heart problems are ranked third among Mexican Americans and Puerto Ricans. Circulation problems constitute the third health problem for Cubans and Other Hispanics. The fourth ailment has a varied expression as follows: Mexican Americans and Puerto Ricans list circulation problems; Cubans claim glaucoma; and Other Hispanics report that emphysema and other serious lung disease are their fourth major health concern.

Arthritis is listed as the major disabling illness by each ethnic group. When asked the extent to which the illness limits the amount of work one can do at home or at work, more individuals in each ethnic group responded that arthritis limits their work "a great deal" than they did to any other category. The paramount importance of arthritis as a disabler is, no doubt, related to both prevalence and inherent characteristics of the disease.

M. Summary

The purpose of this chapter has been to delineate some demographic and personal characteristics of older Hispanics constituting the sample of this study. Some of the demographic features discussed have been age, educational attainment, employment status, family income, and marital status. The personal characteristics discussed include number of children, living arrangement, religious affiliation, and attendance at church. This chapter reported citizenship and residency features of the subjects. Finally, certain health characteristics were reported. Included were the three most serious problems named by older Hispanics.

Generally, the older Hispanics of this study can be described as follows: Mean age is between 65 and 66; education tends to be quite low, the average years of schooling being 5.14; the employment category tends to be either retired or disabled; and the mean family income is under $4,000 per year. Older Hispanics tend to be married, have 3.52 children, and live with spouse or alone. The church affiliation is Catholic, and attendance tends to be more often weekly than any other mode of attendance.

The age at which older Hispanics came to this country varies by ethnic group. Mexican Americans are more apt to have been born here, Cubans to have arrived after age 50. Over one-half of both Mexican Americans and Other Hispanics are citizens, while 30 percent of Cubans and 100% of Puerto Ricans are citizens of this country.

Mexican Americans tend to report less illness than any other group. Arthritis has a higher prevalence than any other illness among older Hispanics, with high blood pressure and heart disease ranking high.

Chapter VI will present a thorough discussion of health issues, including illnesses, functional ability, coping details, and more detailed discussion of problems in life satisfaction. One objective will be to determine some of the correlates of illness and health.

TABLE 5:1

PREFERENCE FOR SPANISH LANGUAGE BY ETHNIC SUBGROUP

Language Preference	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Spanish	84.8%	96.2%	95.3%	76.3%
TOTAL N =	(1162)	(209)	(234)	(198)

104

TABLE 5:2

PERCENT AGE BY SUBGROUP

Age	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
55 - 59	(302) 26.0%	(43) 20.7%	(70) 29.6%	(52) 26.4%
60 - 64	(162) 23.9%	(56) 26.9%	(56) 24.0%	(50) 25.4%
65 - 69	(278) 14.0%	(36) 17.3%	(46) 19.7%	(29) 14.7%
70 - 74	(185) 15.8%	(40) 19.2%	(30) 12.9%	(21) 10.7%
75 and Over	(236) 20.3%	(34) 15.9%	(32) 13.7%	(46) 22.8%
TOTAL N =	(1163)	(209)	(234)	(198)
TOTAL Percent	100%	100%	99.9%*	100%

	Mean	Mode
Mexican Americans	66.73	64
Cubans	66.71	64
Puerto Ricans	65.37	55
Other Hispanics	66.60	55

*rounding error

TABLE 5:3

EDUCATION BY SUBGROUP

Education	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	(295) 25.4%	(5) 2.4%	(27) 11.5%	(15) 7.6%
Grade 1 - 3	(272) 23.4%	(22) 10.5%	(5) 24.8%	(30) 15.2%
Grade 4 - 6	(303) 26.1%	(72) 34.3%	(63) 26.9%	(62) 31.3%
Grade 7 - 8	(160) 13.8%	(44) 20.9%	(49) 20.9%	(39) 19.7%
Some high school	(71) 6.1%	(15) 7.2%	(19) 8.1%	(12) 6.0%
Completed high school	(50) 4.3%	(33) 15.7%	(13) 5.6%	(32) 16.2%
Some college	(7) 0.6%	(3) 1.5%	(2) 0.9%	(3) 1.5%
Completed college	(4) 0.3%	(8) 3.8%	(0) 0.0%	(3) 1.5%
College plus 1 year	(1) 0.1%	(8) 3.8%	(2) 0.8%	(2) 1.0%
Missing cases	(1) 0.1%	(0) 0.0%	(2) 0.8%	(0) 0.0%
TOTAL N =	(1165) 100.0%	(209) 100.1%*	(234) 99.9%*	(198) 100.0%

*deviation from 100% is due to rounding error

TABLE 5:4

NUMBER OF MEDIAN SCHOOL YEARS COMPLETED BY ETHNIC SUBGROUP

	Mexican Americans	Cubans	Ricans	Other Hispanics
	3.63	7.19	4.68	6.2
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 5:5

MAJOR EMPLOYMENT STATUS BY ETHNIC SUBGROUP

Employment Status	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Full-time	13.0	18.7	8.5	17.7
Part-time	5.5	4.3	1.7	8.1
Unemployed	7.6	12.0	7.7	10.6
Disabled	19.1	21.5	27.8	24.2
Retired**	28.0	29.2	33.8	21.7
Housewife	26.9	14.4	20.5	17.7
Missing	.1			
Total Percent	100.1*	100.1*	100.0	100.0

*rounding error

**Not all "retired" individuals reported their major employment status as "retired." Some are both disabled and retired.

TABLE 5:6

GROUPED FAMILY INCOME BY SUBGROUP

Family Income	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
0 - $2,999	(313) 26.9%	(55) 26.3%	(53) 22.6%	(57) 28.8%
$3,000 - $6,999	(532) 45.7%	(93) 44.5%	(145) 62.0%	(83) 41.9%
$7,000 - $19,999	(279) 24.0%	(53) 25.4%	(33) 14.1%	(49) 24.7%
$20,000 and Over	(11) 0.9%	(1) 0.5%	(1.0) 0.4%	(4) 2.0%
Missing values	(28) 2.4%	(7) 3.4%	(2) 0.9%	(5) 2.5%
TOTAL N =	(1163)	(209)	(234)	(198)
TOTAL Percent	99.9*	100.1*	100	99.9*

Mexican Americans, mean income = $3,967.
Cubans, mean income = $4,079.
Puerto Ricans, mean income = $3,625.
Other Hispanics, mean income = $3,974.

*total deviates from 100% because of rounding error

TABLE 5:7

MARITAL STATUS BY PERCENT BY ETHNIC SUBGROUP

Marital Status	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Married	55.1	62.7	39.7	47.5
Widowed	31.0	23.9	32.1	29.3
Divorced	4.9	9.1	9.8	7.6
Separated	3.7	1.0	9.0	7.1
Never Married	5.1	2.9	9.0	8.6
Common Law Relationship	.3	.5	.4	0.0
Total percentages	100.1*	100.1*	100.0	100.1*

*rounding error

"Between group" significances, married:

Cubans and Other Hispanics	P < .001
Cubans and Puerto Ricans	P < .001
Cubans and Mexican Americans	Not significant

TABLE 5:8

NUMBER OF CHILDREN BY PERCENT BY ETHNIC SUBGROUP

Number of Children	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	13.1	13.9	15.8	20.7
1 - 2	21.7	52.2	32.1	32.8
3 - 4	24.8	22.0	23.1	28.8
5 - 7	26.1	7.7	17.1	11.6
8 or more	14.4	4.3	12.0	6.1
TOTAL N =	(1162)	(209)	(234)	(198)
TOTAL	100.1%*	100.1%*	100.0%	100.0%

Median number of children:

Mexican Americans = 3.64
Cubans = 1.94
Puerto Ricans = 3.16
Other Hispanics = 2.68

Mean number of children:

Mexican Americans = 3.93
Cubans = 2.40
Puerto Ricans = 3.26
Other Hispanics = 2.67

*Percentages do not equal exactly 100 because of rounding.

TABLE 5:9

LIVING ARRANGEMENT BY PERCENTAGE BY ETHNIC GROUP

Living Arrangement	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Live alone	24.1%	15.3%	38.0%	27.3%
With others	13.4%	13.9%	15.4%	14.6%
With children	10.7%	11.0%	12.0%	15.2%
With spouse alone	27.5%	39.2%	23.9%	21.7%
With spouse and child/ren	24.3%	20.6%	10.7%	21.2%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(1162)	(209)	(234)	(198)

Living Arrangement Mode

Mexican Americans = with spouse
Cubans = with spouse
Puerto Ricans = live alone
Other Hispanics = live alone

"Between group" significance, living alone:

Puerto Ricans and Other Hispanics	P< .05
Other Hispanics and Mexican Americans	P< .01
Other Hispanics and Cubans	P< .001

TABLE 5:10

RELIGIOUS AFFILIATION

Affiliation	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Catholic	89.7%	81.8%	85.5%	85.4%
Protestant	8.1%	12.4%	11.1%	10.1%
Other	.7%	2.0%	-	1.5%
No Affiliation	1.5%	3.8%	3.4%	3.0%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 5:11

PERCENT FREQUENCY OF CHURCH ATTENDANCE BY ETHNIC SUBGROUP

Church Attendance	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Never	10.4	25.4	17.5	13.2
Yearly	16.1	17.7	14.1	14.2
Monthly	9.1	5.3	9.4	9.6
Weekly	42.1	35.9	37.2	47.2
More than weekly	22.3	14.8	21.8	15.7
Missing values	-	1.0	-	-
TOTALS	100.0%	100.1%*	100.1%*	99.9%*
TOTAL N =	(1162)	(209)	(234)	(198)

*Totals do not exactly equal 100% because of rounding.

Mode of church attendance:

Mexican Americans = weekly
Cubans = weekly
Puerto Ricans = weekly
Other Hispanics = weekly

114

TABLE 5:12

AGE AT WHICH OLDER PERSONS CAME TO THE UNITED STATES TO RESIDE PERMANENTLY BY ETHNIC SUBGROUP*

Permanently Resided in U.S. since	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Between ages 1 - 10	10.7	2.9	3.0	2.5
11 - 25	14.6	2.9	21.4	9.1
26 - 50	14.6	36.3	60.7	25.8
Only after age 50	4.5	57.5	12.8	24.7
Born in the U.S.	54.6	7.7	1.3	37.4
Missing values	1.0	0.0	.9	.5
TOTAL N =	(1162)	(209)	(234)	(198)

*table in percentages of N of ethnic group

TABLE 5:13
PERCENT U.S. CITIZENS BY ETHNIC SUBGROUP

Citizenship	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
U.S.	67.2	30.6	100.0	52.0
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 5:14

ILLNESSES REPORTED BY PERCENTAGE BY ETHNIC SUBGROUP

Number of Illnesses	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	20.6	8.6	12.8	14.1
1	26.2	22.0	17.5	24.7
2 or 3	35.8	38.3	39.3	33.3
4 or more	17.4	31.1	30.3	27.8
Total percent	100.0	100.0	99.9*	99.9*

*rounding error

TABLE 5:15

RANK ORDER OF ILLNESSES PREVALENCE BY ETHNIC SUBGROUP

Illness	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Arthritis	1	1	1	1
High blood pressure	2	2	2	2
Heart trouble	3	-	3	-
Circulation problems	4	3	4	3
Glaucoma/cataracts	-	4	-	-
Emphysema/Other lung disease	-	-	-	4

FIGURE 5:1

% WITHIN ETHNIC SUBGROUPS

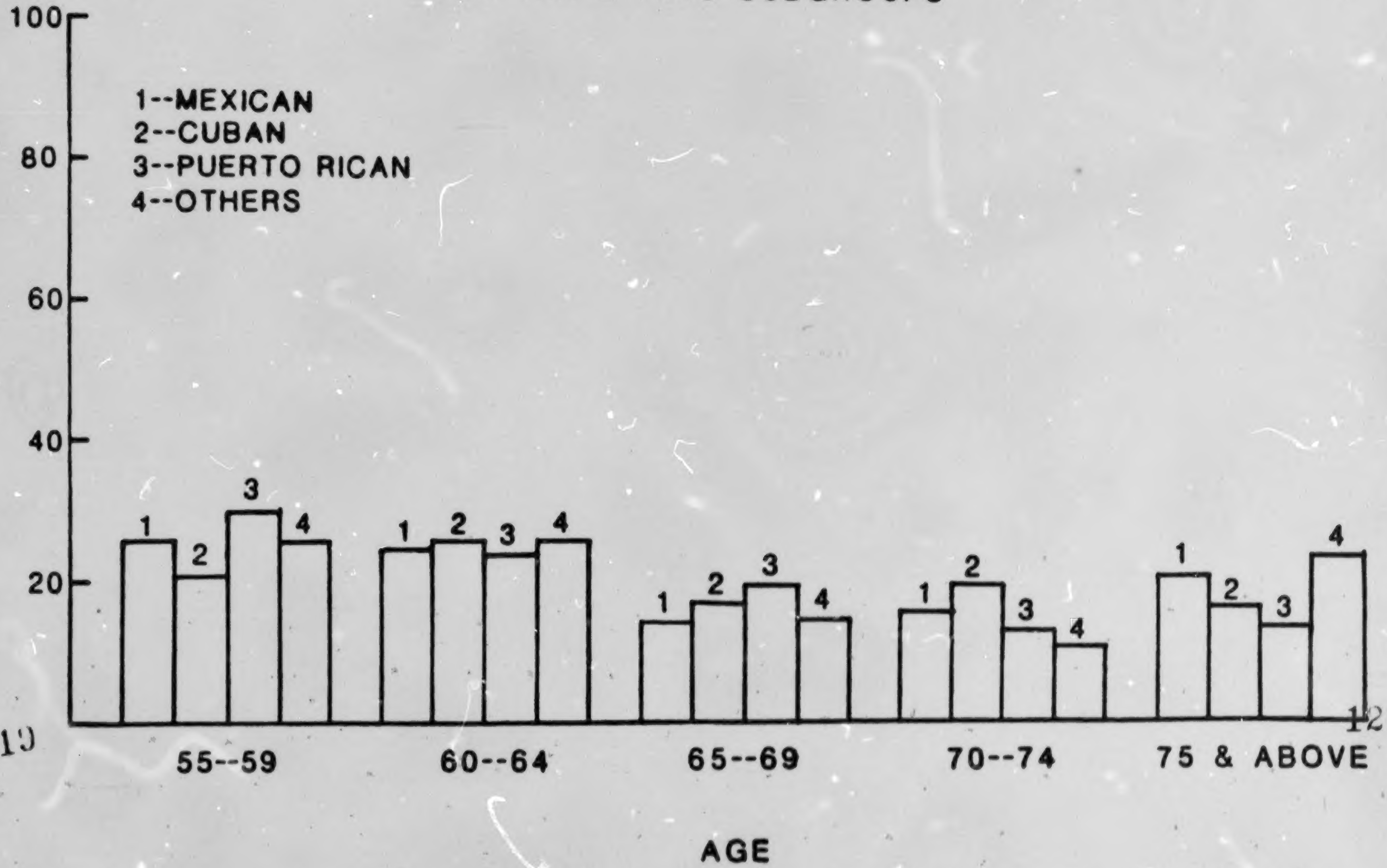


FIGURE 5:2

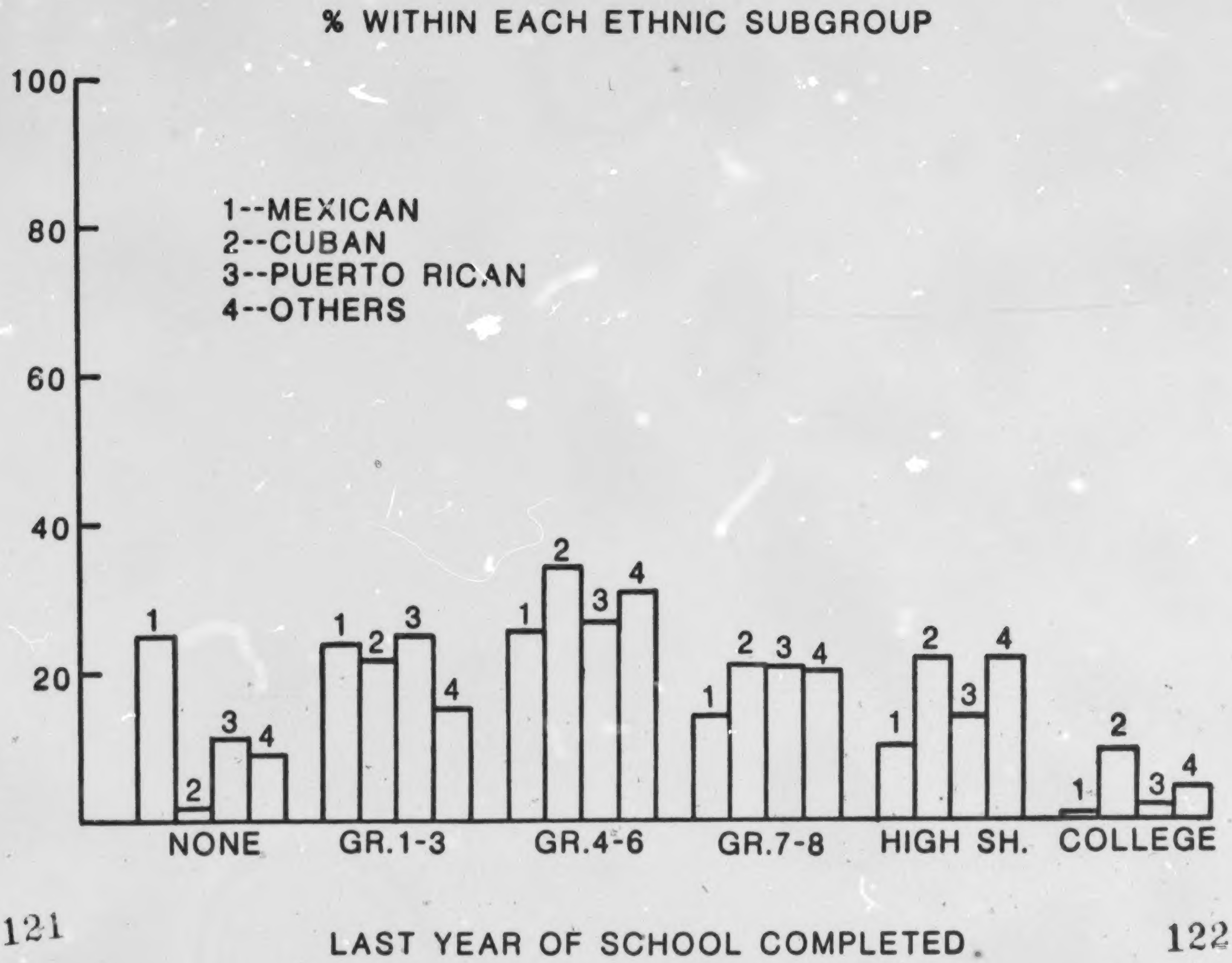
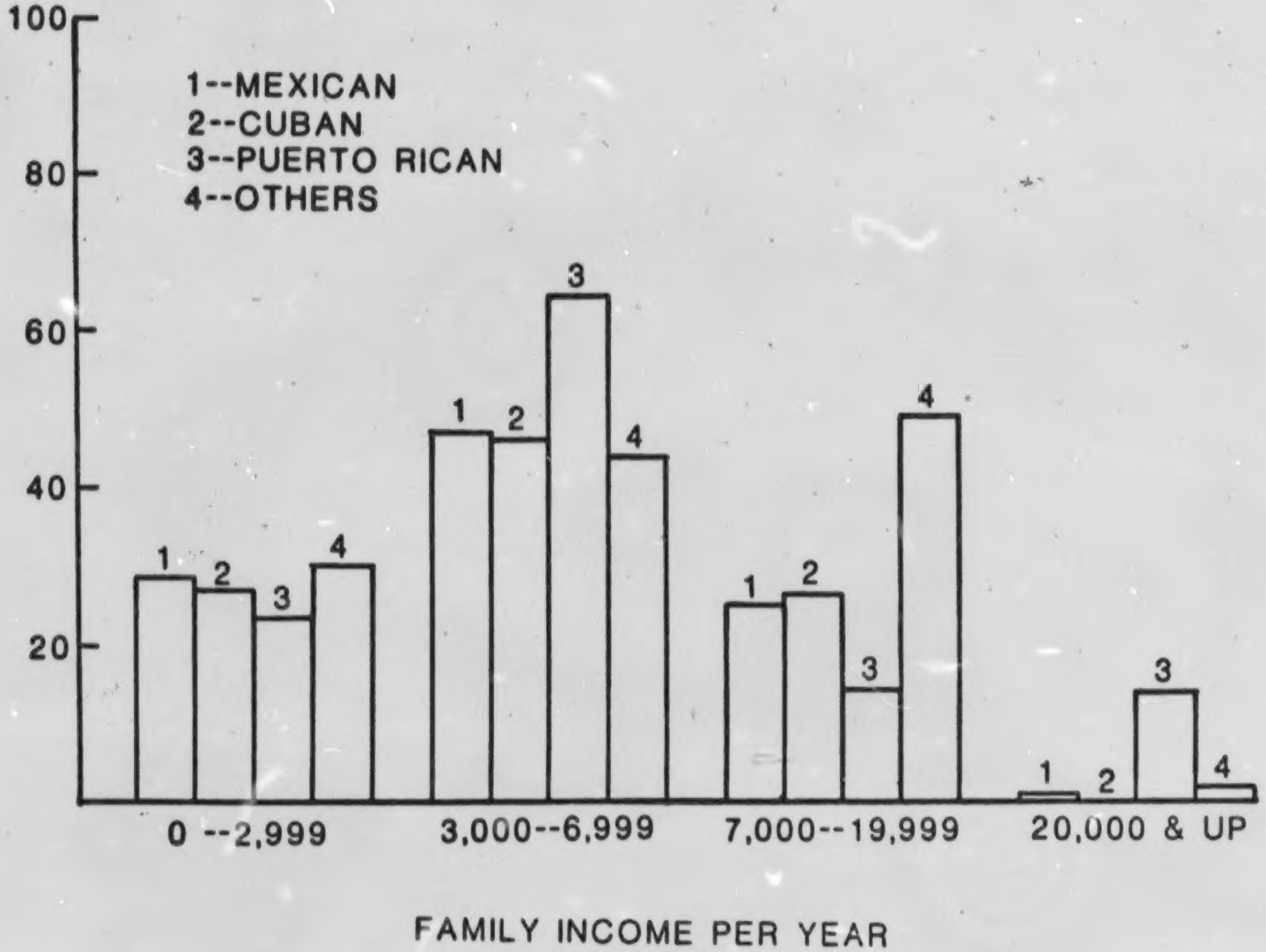

% WITHIN EACH ETHNIC SUBGROUP
1--MEXICAN
2--CUBAN
3--PUERTO RICAN
4--OTHERS
100
80
60
40
20
1
2
3
4
NONE
GR.1-3
GR.4-6
GR.7-8
HIGH SH.
COLLEGE
LAST YEAR OF SCHOOL COMPLETED

FIGURE 5:3

% WITHIN EACH ETHNIC SUBGROUP



VI. PHYSICAL HEALTH

One of the most valued resources in any group is the health of its members. Both physical and mental health are major personal and social concerns of all societies. The reasons for such concern are easy to understand. At the personal level, the individual is usually affected negatively by illness. The sick person is often unable to fulfill role expectations, and in many cases, especially among the elderly, he/she must accept impairment that permanently limits task accomplishment. Role loss is often accompanied by feelings of frustration and a lowered self-concept (Shanas and Maddox, 1976). It is important to note that the effects of illness are not limited to the sick individual. Certain adjustments must be made by family, friends, and co-workers, and at the societal level, to assure the continued uninterrupted functioning of society and make adjustments to accommodate the sick person. In other words, not only must the roles of the sick one be redistributed to others, but by playing the sick role, the ill one creates additional tasks to be performed. Illness is thus not only a personal but also a societal concern.

Health is defined by the World Health Organization as "complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (1946). Most social scientists today agree that the definition includes the most important attendants of health. The definition incorporates a holistic view of human health, noting the pervasive importance of life satisfaction to that health. However, the operationalization of this broad definition of health has posed a thorny problem for researchers. As a result, health is measured in myriad ways, ranging from evaluation by the physician to self-perceived evaluation. One solution to the problem of definition has been to devise measures of aspects of health.

Therefore, lists of chronic and acute conditions have been formulated (NCHS, 1976; NCHS, 197); reported symptoms have been assessed (Bellin and Geiger, 1972; Hetherington and Hopkins, 1969; and Taylor and Aday, 1975); and ways have been devised to measure the degree of functional impairment of the individual (Maddox and Dellinger, 1979; Richardson, 1970; and NCHS, 1976). Each of these dimensions adds valuable information to the knowledge of health. Researchers nevertheless have been hard-pressed to agree upon any method or combination of methods that quantify the degree of health or illness. Assessments of the nation's health usually include references to either infant mortality rates or life expectancy figures.

The literature indicates that health beliefs of Hispanics are compatible with the World Health Organization's definition. According to Dorsey and Jackson (1976), in order to understand the health beliefs and practices of the Latino/Mexican American family, it is essential to explore the health philosophies and ideologies of the culture that dictate the family's practices.

> The basis for many of the beliefs is the concept of equilibrium, a balance between man and nature. The natural and supernatural are not taken as separate entities as in the dominant culture and Western thought. Rather, a person is seen in a global way, as a being whose health and welfare are guided by maintenance of a balance between the natural and supernatural world. A loss of this equilibrium is considered to be the basis for illness, emotional, physical, or mental (Dorsey and Jackson, 1976).

Also, according to Sandoval (1977), the Afrocuban religious complex known as *santeria* holds that disease is a result of both natural and supernatural causes. While *santeros* will not deny the effects of microbes as agents of infection, still a great many diseases are acknowledged to be due to supernatural causes. One could argue that the above description fits a "holistic" view of health since etiology is closely associated with the individual and his/her environment.

Until now there has been no nationwide study that defines the health of older Hispanics. Therefore, the literature on the health of this group is sketchy and derives mostly from ethnic reports and small studies. The prevalence of specific diseases has not been reported. As discussed in the literature review of this report, the information available on older Hispanics is confusing and somewhat contradictory in that poorer health, which might be assumed to be the condition of older Hispanics, has not always been found to be the case. Whatever the confusion on health status, two themes can be traced through the studies that have appeared. Both suggest poorer health.

First, according to Crouch (1972), older Mexican Americans perceive themselves as old at an earlier chronological age than do Anglos. Ragan and Bengston (1977) noted that self-perception of age was not necessarily related to chronological age, but was, in fact, related to perception of physical health. Older Mexican Americans who rated their physical health as good or very good were more than twice as apt to see themselves as younger than those who perceived their health to be poor or very poor.

The second theme is that ailments of older Hispanics that have been mentioned most in the literature are ailments identified with poverty. Quesada and Heller (1977) reported that Mexican Americans have higher mortality rates from tuberculosis, diabetes, infectious and parasitic diseases, and cardiovascular diseases than do Anglos. According to the California Health Survey reported by Moustafa and Weiss (1968), Spanish-surnamed groups suffer more frequently than the Anglo population from acute respiratory illness and more frequently than either Anglos or Blacks from communicable diseases. Anglos reported higher rates for gastrointestinal ailments and for accidents.

Crawford (1979) found that older Mexican Americans had two times as many cases of cataracts, twice as much diabetes, and twice the number of cases of varicose veins as older Anglos. On the other hand, Mexican American women had hysterectomies less than half as often as Anglo women. Mexican Americans had suffered from heart attacks, stroke, and stomach ulcers less than their Anglo counterparts. Depression was noted about one-third as often among Mexican Americans as among Anglos.[2]

Research on mental health issues began with Jaco (1957, 1960). Since Jaco's initial benchmark study, there have been several important attempts to investigate mental health among Mexican Americans, including those by Serrano and Gibson (1973), Wignall and Koppan (1967), Karno and Edgerton (1969), Grebler, Moore, and Guzman (1970), Padilla et al. (1977), Keefe and Casas (1978), and Roberts (1980). The array of studies suggests that the investigation of mental health has generated considerably more interest among researchers than has the study of physical health. However, as mentioned before, the study of either phenomenon in isolation can hardly add to knowledge about the intricate relationships between physical and mental health that are so vital to the understanding of general health.

A specific attempt also has been made to measure life satisfaction among Mexican Americans. Much of the literature in this area concerns ideas of satisfaction with support systems (Bengston, 1976; Dowd and Bengston, 1978). The adjustment of older Hispanic women in terms of morale has been addressed by Bastida (1980), Morgan (1976), and Bremer and Ragan (1977). It appears that older Hispanic women are generally less apt to be stripped of roles than is true of Anglo women. For instance, the former most often experience the "empty nest syndrome" at an older chronological age than do the latter.

Until now, our knowledge of older Hispanics has been generalized from either small ethnographic studies such as those of Clark (1959), Madsen (1964), Rubel (1960, 1966), and Saunders (1954), or quantitative studies that have sampled only Mexican Americans, such as those of Welch et al. (1973), McLemore (1963), Weaver (1973), and Quesada and Heller (1977). Very little research has focused on Cubans (Szapocznik, 1978) or Puerto Ricans, with the exception of Cantor (1977), and Trinidad and Garg (1976). In addition, the primary focus of the limited studies on Puerto Ricans has not been on health per se. We are aware of no study that has either included or concentrated on Other Hispanics as a specific ethnic group.

The main purpose of this chapter will be to fill this void in the literature by describing the health of older Hispanics in this country as completely as the perimeters of this study permit.

A. Use of Health Services

In this study, older Hispanics were asked questions about use of physicians, use of hospitals, and use of dentists. The responses given provide insights into the specifics of use and the reasons for non-use when need is present.

1. Use of Doctors

The doctor's office is the most usual place of medical care for Mexican Americans, Cubans, and Other Hispanics. However, as indicated in Table 6:1, Puerto Ricans are more apt to receive care at a government or other public health facility. Only 24 percent of Puerto Ricans report that the doctor's office is their most usual source of medical care. This compares to 62 percent of Other Hispanics, 60 percent of Mexican Americans, and 53 percent of Cubans. The differences are significant at the .001 level in each case. A private clinic is the primary source of medical care for 38 percent of Cubans, 24 percent of Puerto Ricans, 18 percent of Other Hispanics, and 17 percent of Mexican Americans. The highest use of the hospital emergency room as a usual source of medical care is by Puerto Ricans (12 percent), followed by Other Hispanics, 11 percent; Mexican Americans, 8 percent; and Cubans, only 1 percent. Other Hispanics are the most apt to report that they have "no usual place" for medical care.

Table 6:2 indicates that 12 percent of Other Hispanics, 10 percent of Mexican Americans, 9 percent of Puerto Ricans, and only 4 percent of Cubans reported a need for a doctor's services during the past year when services were not received. Table 6:2 also shows that Cubans reported significantly less unfulfilled need for a physician's services than either Mexican Americans, Other Hispanics,

or Puerto Ricans. This is an interesting finding, especially in view of the fact that 96.2 percent of Cubans prefer the Spanish language to English. However, Cubans have the highest education of any of the groups (See Table 5:4); they have the highest proportion who are fully employed (See Table 5:5); and Cubans are the most apt to be married (See Table 5:7). It is probable that Cubans, because of higher socioeconomic status, are better equipped to deal with Anglo institutions than are members of Other Hispanic subgroups. Higher socioeconomic status may also mean that medical care is more affordable among Cubans. Another explanation is that perhaps there are more Cuban physicians to serve the Cuban community.

Table 6:3 shows that "no money" is the most frequent reason given for not receiving medical care when needed. Eight percent of older Other Hispanics had gone without care during the year because of insufficient money. This compares to 7 percent of Mexican Americans, 5 percent of Puerto Ricans, and 2 percent of Cubans. Eight percent of Other Hispanics amounts to 16 older individuals, and 7 percent of Mexican Americans refers to 81 older individuals who reported non-use of a physician's services when need was present but funds were not. Altogether, 169 older Hispanics reported a need for physician's services when service was not received.

2. Use of Hospitals

According to the Health interview Survey of 1978 (U.S. National Center for Health Statistics, 1979), 26.8 percent of the population aged 65 and over was hospitalized for short-term care during 1978. Table 6:4 shows the yearly rate of hospitalization reported by the older Hispanics in this study. It will be noted that Mexican Americans used hospitals the least, with only slightly more than one-half as many being hospitalized as is true of the general older population. Specifically, 15 percent of Cubans, 24 percent of Other Hispanics, 21 percent of Cubans, and 24 percent of Puerto Ricans were hospitalized during the twelve months reported by this study. Therefore, all the represented subgroups use hospitals well below the national average use.

One interesting observation is the extent to which older Hispanics comply with recommendations made by their physicians. Table 6:5 shows that 4 percent of Mexican Americans did not go to the hospital when their physician advised hospitalization. Therefore, among Mexican Americans, about one out of five individuals did not go to the hospital when his/her physician recommended that he/she go.[3] The proportion is highest among Puerto Ricans, where 22.5 percent did not comply with the recommendation made by their physician.[4]

Insufficient funds and a fear or distrust of hospitals were the major reasons given for non-use in the face of need. This is illustrated in Table 6:6. The fear of hospitals is strongest among Puerto Ricans, where a full 5 percent of the total Puerto Rican sample did not enter a hospital because of distrust or fear of the institution. Table 6:6 shows that Mexican Americans and Cubans attribute non-compliance equally between "didn't have the money" and "fear/distrust of hospitals." For Other Hispanics, lack of money was a more salient impediment to care. At this point in the study, one can only speculate on the origin of the fear. One possible explanation is cultural factors, while another plausible explanation is simply that past negative experiences may prompt certain individuals to avoid hospitals when they have the option not to be hospitalized.

3. Use of Dentists

The highest underuse in medical care by older Hispanics occurs in the area of dental problems. Table 6:7 shows that 12 percent of Mexican Americans, 15 percent of Cubans, 11 percent of Puerto Ricans, and 10 percent of Other Hispanics had dental problems that were not attended to during the year. There is very little data in the literature regarding dental care of Hispanics. However, Weaver (1973) has reported that, when surveying the Mexican American population of Orange County, California, he found 56 percent of the Mexican Americans had undergone dental checkups within the past year. Also, Garcia and Juarez (1978) reported various correlates of dental use among Mexican Americans. In their study, 41.1 percent of the sample had visited the dentist in the past year.

When asked why needed dental care was not received, "lack of money" was the most important reason given by respondents. Table 6:8 shows that 7 percent of Mexican Americans, 14 percent of Cubans, and 7 percent of Other Hispanics cited "didn't have the money." In addition, transportation appeared to be somewhat important for older Mexican Americans, and "no appointment" was noted by Puerto Ricans and Other Hispanics. Other Hispanics reported more variety in the reasons given, as will be noted in Table 6:8. Other Hispanics were the only group where 2 percent of the total sample population reported "afraid of treatment," "language difficulty," and "none around" as reasons for not going to the dentist.

B. Diseases

Several aspects of disease help us to understand how illness and disease influence and are influenced by the life chances of older Hispanics. In this study, older

Hispanics will be defined according to the number of diseases they report, and an effort will be made to determine some important correlates that accompany disease attribution.

1. Specific Diseases

Table 6:9 shows the prevalence of specific diseases by percentage reported. The rank order for the first two ailments is the same in all subgroups, although the percentage of individuals reporting the disease varies considerably by subgroup. Arthritis is the most prevalent disease, with 48 percent of Mexican Americans, 55 percent of Cubans, 58.5 percent of Puerto Ricans, and 56 percent of Other Hispanics reporting this disease. High blood pressure is the second-ranking disease. Circulation problems are the third-ranking problem among Cubans, Puerto Ricans and Other Hispanics, but diabetes ranks third for Mexican Americans. Cataracts, glaucoma, and heart disease also rank high among Hispanics. The diseases least often reported are tuberculosis, polio, Parkinson's disease, palsy, and multiple sclerosis.

Table 6:10 shows the percentage of illnesses that older Hispanics report were caused by work. All older Hispanics except Cubans report arthritis as the leading illness caused by work. The percentages for Table 6:10 are calculated on the total sample of the various subgroups, rather than being based only on the individuals who reported having the specific disease.

2. Number of Diseases

One way to examine the degree of illness of older Hispanics is to enumerate the number of diseases by individuals reporting them. Table 6:11 displays this information. Table 6:11 shows the percentage of individuals by number of diseases, while Table 6:12 shows the identical information in collapsed form. Table 6:12 also indicates that Mexican Americans have significantly fewer diseases than either Puerto Ricans, Cubans, or Other Hispanics. Nineteen percent of Mexican Americans report that they have no illness. This figures compares with 7.7 percent of Cubans, 11.5 percent of Puerto Ricans, and 12.6 percent of Other Hispanics.

Among those who have four or more diseases, Mexican Americans have fewer than the other groups (the differences being significant at least at the .01 level in each case). A reconsideration of Table 6:9 confirms that the lower disease rate among Mexican Americans is expressed in a lower rate for almost all diseases. Mexican Americans report less arthritis, less heart disease, fewer circulation problems, and fewer lung ailments. However, Mexican Americans rank high on diabetes, reporting significantly more diabetes (.05 level) than Cubans. Mexican Americans report a slightly higher percentage having diabetes than either Other Hispanics or Puerto Ricans. According to Shanas and Maddox (1976):602), 85 percent of the individuals in this country over 65 who are not institutionalized have one or more chronic conditions. In this study, in the 65-and-over group, the following percentages reported at least one chronic condition: Mexican Americans, 83.4 percent; Cubans, 92.7 percent; Puerto Ricans, 91.7 percent; and Other Hispanics, 93.7 percent. The conclusion is that while Mexican Americans have slightly fewer individuals with at least one chronic ailment, the other three subgroups have considerably higher percentages of individuals who have at least one chronic ailment. This comparison provides a rough estimate between older Hispanics and the general population of older individuals.

The conclusion is:

> Cubans, Puerto Ricans, and Other Hispanics do not vary significantly regarding the number of diseases reported. Mexican Americans report fewer diseases than any one of the other subgroups.

This finding was pervasive and applied to "percentage with no illnesses" and to "percentage with four or more illnesses." In addition, the significance test was applied to several individual diseases. It was found that Mexican Americans reported significantly less arthritis than did either Cubans, Puerto Ricans or Other Hispanics; less heart disease than either Cubans or Puerto Ricans; and less circulation difficulties than Cubans, Puerto Ricans, or Other Hispanics. While there is no easy explanation for this finding, the possibility of underreporting on the part of Mexican Americans should not be ruled out.

3. Correlates of Health/Disease

In the general population, several important demographic variables are correlated with health and disease. Among the most prominent variables are age, income, education, and sex.

Table 6:13 shows the age distribution of older Hispanics who have four or more diseases. Under 65 years of age, Cubans have a lower percentage of individuals in the high illness group. However, in the 65-and-over group, 70 percent of Cubans reported four or more illnesses. This compares to 56.6 percent among Mexican Americans, 51.8 percent among Puerto Ricans, and 59 percent among Other Hispanics. The high illness rate among Cubans who are 65 and over probably reflects the late age of immigration,

which is a distinctive feature of the older Cuban population. Table 5:12 verifies that 57.5 percent of the Cuban sample came to this country after age 50. Some of the conditions that may have precipitated poor health are: low income (Table 5:6 shows that 26.3 percent have incomes below $3,000 per year); difficulty with adjustment to a different environment with different language and culture; adverse conditions under which most left their homeland; and problems of personal satisfaction in the face of leaving lifelong family and friends.

Table 6:13 also shows that age and number of diseases are significantly related within the Mexican American group and among older Cubans. In both groups, the older individuals have the most illnesses. The same trend exists among the Puerto Rican and Other Hispanics groups, but the difference is not sufficient to meet the level of statistical significance.

Table 6:14 shows only the number of diseases of older Hispanics who have incomes of less than $5,000 yearly. Therefore, it can be assumed that the differences in disease reporting are attibutable to some factor other than differential income. With income controlled, Mexican Americans have a higher proportion (15.7 percent) who report no diseases. The difference between Mexican Americans and each of the other three groups is significant at the .001 level. We also see that when income is controlled in this way, only 20.9 percent of Mexican Americans report four or more diseases; 47.9 percent of Cubans, 39.1 percent of Puerto Ricans, and 32.2 percent of Other Hispanics report that many diseases. There is no ready or obvious reason for better health of Mexican Americans. We know that the Mexican American group has the lowest education, with a mean of 3.63 years. Mexican Americans

also have larger families, with a mean of 3.64 children (Table 5:8). Mexican Americans are most apt to have been born in the United States (54.6 percent), with another 24 percent coming to this country before age 25 (Table 5:12). Another identifying feature of older Mexican Americans is that 24 percent of the sample have lived in their present neighborhood for 36 years or more. Mexican Americans have a higher proportion of long-term residents than either Cubans or Puerto Ricans. Another possible explanation for better health among Mexican Americans is difficulty with defining illness. Doctors may not be consulted regularly, so illness may go undetected. It is also possible that a different listing of diseases might have produced a different outcome.

Many of the very old in this country have low education. This phenomenon reflects the educational opportunities in the U.S. around the turn of the century. Older Mexican Americans are more disadvantaged than others when it comes to formal education. Even so, Table 6:15 shows that only 18.9 percent of Mexican Americans with six or fewer years of education reported four or more diseases. This compares with 38.4 percent of Cubans, 40 percent of Puerto Ricans, and 29 percent of Other Hispanics.

It is interesting to note that within each of the subgroups, the least educated have the most diseases. In each case, the difference is statistically significant, as shown in Table 6:15. While 18.2 percent of Mexican Americans with no more than six years of education report no disease, Cubans report only 5.1 percent with no disease. Puerto Ricans report 5.4 percent, and Other Hispanics, 6.5 percent.

Table 6:26 examines the variable of sex to see the effect on number of diseases. Within groups, being male or

female makes a significant difference in all groups except Cubans. Women have more ailments than men. According to Quesada and Heller (1977), the health differential between the sexes among Mexican Americans is less pronounced than among Anglos. Whereas Anglo females generally have much lower rates for various diseases than Anglo men, the sex difference does not seem to exist among Mexican Americans. The data from this study suggest that the health situation of older Hispanic women is even more one of disadvantage than has been reported by Quesada and Heller. Women report more illnesses than men, with differences being significant in all groups except Cubans. A more exhaustive examination of these data will reveal the specifics of disease reporting by sex. One hypothesis to explain this finding is that Hispanic women are more likely to fulfill the expressive role in the home. One aspect of the role is to care for the ill members. Accordingly, women may be sensitive to ailments and thus be more able to identify ailments in themselves. Additionally, in many cultures illness is seen as a weakness and is hence not willingly acknowledged by men who have been socialized to express only strength. These are some ideas for future research.

The number of older Hispanics who have four or more illnesses varies according to living arrangement within both Mexican American and Puerto Rican groups. In each case, as shown in Table 6:17, individuals who live alone are more apt to report four or more illnesses. Among those who live alone, there is a significant difference between Puerto Ricans and Mexican Americans, in that Puerto Ricans reported four or more illnesses more often than Mexican Americans. However, the most pronounced variation occurs between Puerto Ricans and Cubans, where Puerto Ricans living alone are more than twice as apt to report four or more illnesses than Cubans living alone. The difference is significant at the .001 level. Table 5:7 shows that Puerto Ricans are the least likely of different groups to be married, and Table 5:9 shows that they are the most apt to live alone. Table 6:14 indicates that the percentage having four or more illnesses is higher than that of either Mexican Americans or Other Hispanics. Even though more Cubans have four or more illnesses, they are less apt to live alone. Puerto Ricans are high in both categories.

Table 6:18 shows the percentage of older Hispanics over 60 years of age who do not have Medicare, according to number of diseases. Within groups, both among Mexican Americans and among Cubans, those who have Medicare have significantly more diseases than those who do not have Medicare. The reason for this relationship is not clear. It could be that those who have poor health tend to subscribe to Medicare when possible. On the other hand, it could be that those who do not have Medicare tend to see themselves as healthier. This point requires further analysis.

C. Conclusion

This is one of two chapters dealing with the health of older Hispanics. It has defined the use of health services, including the use of doctors, the use of hospitals, and the use of dentists. Data were analyzed in terms of diseases, including the number of specific diseases prevalent among older Hispanics and the percentage of older Hispanics, by subgroup, who report a certain number of diseases. Finally, data were analyzed to see whether relationships exist between the number of diseases reported and important demographic variables such as family income, education, sex, living arrangement, and coverage by Medicare.

In brief, it was found that the doctor's office is the most usual place of medical care for Mexican Americans, Cubans, and Other Hispanics. These three groups used doctors' offices significantly more than did Puerto Ricans. Puerto Ricans were more apt to report "Government/Public Health Facility" as the usual source of care. The reason most often given for not going to the doctor when needed was "no money."

While in the general population of 65 and over, 26.8 percent of the individuals are hospitalized during the year, only 15 percent of older Mexican Americans in this study reported having been hospitalized. The rate of hospitalization among Puerto Ricans most closely simulated that in the general population, with 24 percent of Puerto Ricans being hospitalized during the year. Mexican Americans use hospitals significantly less than do either Cubans or Puerto Ricans. The highest unattended medical care need is for dental services. The reason most often given for not going to the dentist is "didn't have the money."

Mexican Americans report fewer diseases than either Cubans, Puerto Ricans, or Other Hispanics. Mexican Americans also report lower percentages with specific diseases such as arthritis, heart disease, and circulation problems. Mexican Americans report more diabetes and relatively high percentages of high blood pressure.

Among Mexican Americans and Cubans, the older individuals are sicker (have more diseases) than the younger members. Among Puerto Ricans and Other Hispanics, there is not a significant difference between age and number of diseases. Those who have annual family incomes of less than $5,000 have significantly more diseases. In the income group of below $5,000, Mexican Americans have fewer diseases than either Puerto Ricans, Cubans, or Other Hispanics.

Education is an important indicator within groups, with the least educated having the most ailments. With regard to the variable of sex, women report the most illnesses, except among Cubans, where the difference is not statistically significant.

Those who live alone have the most illnesses. The difference is significant among Mexican Americans and Puerto Ricans. Puerto Ricans who have four or more diseases are more apt to live alone than either Cubans or Mexican Americans. This relationship appears to be a combination of factors, including the high prevalence of disease among Puerto Ricans and the high rate of older Puerto Ricans who live alone.

The implications of these findings for social policy include:

1. With regard to the provision of health services, the doctor's office must be given high priority, since this is the usual place of care. Public facilities are avoided except by Cubans.

2. The main problem with the use of health services seems to be insufficient funds. As long as older individuals exist below the poverty level, use of health services will continue to be low. Below $5,000 yearly family income, individuals do not go for health care, or they delay going. They may not go to the hospital on the advice of the physician, and dental problems are most apt to be neglected.

3. The most disadvantaged older Hispanic in terms of number of diseases is apt to be over 65, have an income of less than $5,000 yearly, have less than 6 years of formal education, be female, live alone, and be either Cuban or Puerto Rican.

Chapter VII will continue the analysis of health issues. The chapter will concentrate on disabilities, perceived health, and mental health/life satisfaction.

Footnotes

1 Jaco's study (1960) is an exception to those researchers who conclude that older Mexican Americans have poorer health than older Anglos. Jaco concluded that there existed fewer serious mental aberrations among Mexican Americans. This conclusion was based on a thorough analysis of the findings, which produced no evidence to suggest an avoidance of Anglo practitioners or facilities.

2 These are selected findings from an unpublished dissertation that compared utilization of health services between a low-income sample of older Mexican Americans and Anglos in Orange County, California.

3 Fifteen percent of Mexican Americans from this study reported being hospitalized during the past year, while another four percent did not comply with the advice of their physicians to be hospitalized. Therefore, 19 percent were advised by physicians to be hospitalized.

4 Twenty-four percent of Puerto Ricans entered the hospital and another 7 percent did not comply with their doctor's request to be hospitalized. Therefore, 31 percent were advised by their physicians to be hospitalized. Of those who were advised to go to the hospital, 22.5 percent refused to go.

TABLE 6:1

PERCENT DISTRIBUTION OF MOST USUAL SOURCES OF MEDICAL CARE BY ETHNIC SUBGROUP

Source of Medical Care*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Doctor's Office	60	53	24	62
Gov't./Public Health Facility	21	12	45	18
Private Clinic/hosp.	17	38	24	18
Hospital Emergency	8	1	12	11
No Usual Place	5	5	2	7
Other	3	2	1	3
TOTAL N =	(1162)	(209)	(234)	(198)

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*Categories are not mutually exclusive.

Use of doctor's office:

Mexican Americans and Puerto Ricans	Z = 11.46,	P<.001
Cubans and Puerto Ricans	Z = 6.54,	P<.001
Other Hispanics and Puerto Ricans	Z = 8.63,	P<.001

TABLE 6:2

PERCENT NON-USE OF PHYSICIANS' SERVICES WHEN NEED WAS PRESENT

Needed a physician's services but received nc care	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Yes	10%	4%	9%	12%
TOTAL N =	(1162)	(209)	(234)	(198)

Mexican Americans and Cubans	$Z = 3.75, P < .001$
Puerto Ricans and Cubans	$Z = 2.17, P < .02$
Other Hispanics and Cubans	$Z = 3.00, P < .001$

146

TABLE 6:3

CAUSE REPORTED FOR NON-USE OF DOCTOR'S SERVICES WHEN NEED WAS PRESENT, BY PERCENT BY ETHNIC SUBGROUP

Cause of Non-Use	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
No Doctor around	-*	-	-	1
No money	7	2	5	8
Transportation	3	1	1	2
Missed appt./ No appt.	1	1	2	2
Language difficulty	1	-	1	-
Didn't know where to go	1	-	1	-
Too sick	1	-	1	1
Other	1	1	2	2
TOTAL N =	(1162)	(209)	(234)	(198)

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*(-) indicates that the percentage reporting was less than .05.

TABLE 6:4

PERCENT HOSPITALIZED DURING PAST TWELVE MONTHS BY ETHNIC SUBGROUP

	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Hospitalized	15%	21%	24%	20%
TOTAL N =	(1162)	(209)	(234)	(198)

"Between group" significances:

Cubans and Mexican Americans Z = 2.00, P<.05
Puerto Ricans and Mexican Americans Z = 3.02, P<.001

TABLE 6:5

PERCENT WHO REPORTED NON-COMPLIANCE WITH DOCTOR'S ADVICE TO BE HOSPITALIZED BY ETHNIC SUBGROUP

	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Did not comply with doctor's advice to be hospitalized	4%	4%	7%	4%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 6:6

REASON FOR** NON-COMPLIANCE WITH DOCTOR'S ADVICE TO BE HOSPITALIZED, BY PERCENT BY ETHNIC SUBGROUP

Reason for Non-Compliance	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Didn't have money	2%	2%	2%	2%
Fear/distrust of hospitals	2%	2%	5%	1%
None around	-*	-	-	-
No insurance	1%	1%	-	-
Didn't think I was so sick	-	-	1%	1%
No transportation	1%	-	-	-
TOTAL N =	(1162)	(209)	(234)	(198)

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*(-) indicates that the percentage reporting was less than .05.

**Reasons reported are not mutually exclusive.

TABLE 6:7

PERCENT WHO REPORTED UNATTENDED DENTAL PROBLEMS BY ETHNIC SUBGROUP

	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Had unattended dental problems in past year	12%	15%	11%	10%
TOTAL N =	(1162)	(209)	(234)	(198)

151

TABLE 6:8

REASON REPORTED FOR NON-USE OF DENTIST* WHEN NEED WAS PRESENT, BY PERCENT BY ETHNIC SUBGROUP

Reason for not going to dentist	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Didn't have money	7%	14%	5%	7%
None around	1%	-	1%	2%
No appointment	-	-	2%	2%
Too sick	1%	-	1%	1%
No transportation	2%	-	1%	1%
Language difficulty	1%	-	-	2%
Did not know where to go	1%	-	1%	-
Afraid of treatment	1%	-	1%	2%
Not important	1%	-	-	2%
Other	2%	1%	2%	-
TOTAL N =	(1162)	(209)	(234)	(198)

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*Categories are not mutually exclusive.

TABLE 6:9

PREVALENCE OF SPECIFIC DISEASES, BY PERCENT BY ETHNIC SUBGROUP

Disease/Condition	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Anemia	2	7	9	3
Allergy, sinus	1	-	-	1
Arthritis	48	55	58.5	56
Back/spine	2	1	1	4
Blood pressure/high	36.4	45.5	44	38.4
Broken/injured limbs	1	-	1	1
Cancer	1	1	1	3
Circulation problems	16	41.6	24.4	26.8
Diabetes	18.1	12.9	16.2	16.7
Epilepsy	-	-	-	1
Emphysema/other lung	6.6	10.5	13.2	26.3
Female Disorders	-	1	1	-
Glands	1	1	3	2
Glaucoma/other eye	14.9	25.8	22.6	21.2
Heart	17.9	25.4	24.4	20.7
Hernia	1	2	2	1
Kidney	7	12.4	12	10.6
Liver	1.6	5.3	5.6	5.6
Missing limbs	-	1	1	1
Multiple sclerosis	-	1	1	-
Muscular dystrophy	-	1	2	1

TABLE 6:9 (Cont'd.)

Diseases/conditions (Cont'd.)	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Nerves	1	2.4	1	1
Palsy	-	1	1	1
Parkinson's disease	-	-	1	2
Polio	-	-	1	-
Skin disorders	3.3	4.3	8.5	6.1
Speech/hearing	2.6	2.4	1	2.5
Stomach, gall bladder (other than ulcers)	9.1	15.3	18.3	11.1
Stroke	3	3	2.6	4.5
Tuberculosis	1	-	1	-
Ulcers of digestive system	5.2	4.3	9	6.1
Urinary/prostate	3.3	6.7	6.4	6.1
Other diseases	2	3.8	4.4	2.5
TOTAL N =	(1162)	(209)	(234)	(198)

Selected differences in significances between subgroups:

Arthritis:

Puerto Ricans and Mexican Americans	$Z = 2.17$, $P < .05$
Other Hispanics and Mexican Americans	$Z = 2.10$, $P < .05$

Heart:

Puerto Ricans and Mexican Americans	$Z = 2.15$, $P < .05$
Cubans and Mexican Americans	$Z = 2.5$, $P < .01$

Circulation:

Puerto Ricans and Mexican Americans	$Z = 2.67$, $P < .01$
Other Hispanics and Mexican Americans	$Z = 3.66$, $P < .001$
Cubans and Mexican Americans	$Z = 7.17$, $P < .001$

TABLE 6:10

PERCENT ILLNESSES REPORTED TO BE CAUSED BY WORK BY ETHNIC SUBGROUP

Diseases/Condition	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Arthritis	5%	-*	6%	7%
High blood pressure	1%	-	2%	2%
Heart trouble	1%	-	-	-
Back problems	-	-	-	2%
Skin problems	-	1%	-	-
Hernia	-	2%	-	-
Glaucoma	-	-	2%	-
Circulation problems	-	1%	-	-
TOTAL N =	(1162)	(209)	(234)	(198)

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*(-)indicates percentage less than .05

TABLE 6:11

NUMBER OF DISEASES BY ETHNIC GROUP

Number of Diseases	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	19.2%	7.7%	11.5%	12.6%
1	25.1%	22.0%	17.1%	24.7%
2	22.5%	15.8%	21.4%	15.7%
3	14.9%	22.5%	17.9%	18.7%
4	8.4%	11.0%	12.0%	12.6%
5	5.2%	9.6%	8.1%	6.6%
6	1.9%	4.3%	5.6%	4.5%
7	1.0%	1.9%	2.6%	2.0%
8	.8%	1.4%	.9%	1.0%
9	.4%	1.0%	.9%	.5%
10	.2%	.5%	.9%	-
11	.1%	1.0%	.4%	.5%
12	.1%	1.0%	-	-
13	.2%	.5%	.4%	-
14	-	-	.4%	-
15	-	-	-	.5%
TOTALS	100.0%	100.2%*	100.1%*	99.9%*
TOTAL N =	(1162)	(209)	(234)	(198)

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*Totals do not equal exactly 100% because of rounding.

TABLE 6:12

NUMBER OF DISEASES BY PERCENTAGE REPORTING NUMBER

Number of Diseases	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
0	19.2%	7.7%	11.5%	12.6%
1	25.1%	22.0%	17.1%	24.7%
2 or 3 diseases	37.4%	38.3%	39.3%	34.4%
4 or more diseases	18.3%	32.2%	31.8%	27.7%
TOTALS	100.0%	100.2%*	99.7%*	99.9%*
TOTAL N =	(1162)	(209)	(234)	(198)

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*Due to rounding, totals do not equal exactly 100%.

Differences in percentages of those with 0 diseases:

Mexican Americans and Cubans $Z = 5.29$, $P < .001$
Mexican Americans and Other Hispanics $Z = 2.53$, $P < .01$
Mexican Americans and Puerto Ricans $Z = 3.14$, $P < .001$

157

TABLE 6:13

PERCENT OF HISPANICS WITH FOUR OR MORE DISEASES BY AGE, BY ETHNIC SUBGROUP

Age	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Under 65	43.4%	29.9%	48.2%	41.0%
65 or over	56.6%	70.1%	51.8%	59.0%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(1162)	(209)	(234)	(198)

"Within group" significance:

Mexican Americans	chi-square = 10.3, df = 3, $P < .01$
Cubans	chi-square = 15.9, df = 3, $P < .001$
Puerto Ricans	not significant
Other Hispanics	not significant

"Between group" significance:

Cubans and Other Hispanics	$Z = 2.36$, $P < .05$
Cubans and Mexican Americans	$Z = 3.87$, $P < .001$
Cubans and Puerto Ricans	$Z = 4.02$, $P < .001$

TABLE 6:14

NUMBER OF DISEASES OF OLDER HISPANICS WITH INCOME OF LESS THAN $5,000

Number of Diseases	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	15.7%	5.9%	6.2%	5.0%
1 disease	25.6%	10.9%	16.1%	21.5%
2 or 3 disease	39.9%	35.3%	38.5%	41.3%
4 or more diseases	20.9%	47.9%	39.1%	32.2%
TOTALS	100.0%	100.0%	99.9%*	100.0%
TOTAL N =	(1134)	(202)	(232)	(193)

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*Totals do not equal exactly 100% because of rounding.

"Within group" significances:

Mexican Americans	chi-square = 25.56, df = 9, $P < .01$
Cubans	chi-square = 48.24, df = 9, $P < .001$
Puerto Ricans	chi-square = 39.43, df = 9, $P < .001$
Other Hispanics	chi-square = 28.02, df = 9, $P < .001$

"Between group" significances:

Mexican Americans and Puerto Ricans	$Z = 4.98$, $P < .001$
Mexican Americans and Cubans	$Z = 4.95$, $P < .001$
Mexican Americans and Other Hispanics	$Z = 5.03$, $P < .001$

TABLE 6:15

NUMBER OF DISEASES OF OLDER HISPANICS WITH SIX YEARS OR LESS EDUCATION

Number of Diseases	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	18.2%	5.1%	5.4%	6.5%
1 disease	24.3%	18.2%	16.2%	26.2%
2 or 3 diseases	38.7%	38.4%	38.5%	38.3%
4 or more diseases	18.9%	38.4%	40.0%	29.0%
TOTALS	100.1%*	100.1%*	100.1%*	100.0%
TOTAL N =	(869)	(99)	(148)	(107)

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*Totals do not equal exactly 100% because of rounding.

"Within group" significances:

Mexican Americans chi-square = 25.09, df = 12, $P < .01$
Cubans chi-square = 23.24, df = 12, $P < .05$
Puerto Ricans chi-square = 31.12, df = 12, $P < .01$
Other Hispanics chi-square = 20.98, df = 12, $P < .05$

TABLE 6:16

NUMBER OF DISEASES OF OLDER HISPANICS BY SEX BY ETHNIC SUBGROUP

Number of Diseases	Mexican Americans		Cubans		Puerto Ricans		Other Hispanics	
	M	F	M	F	M	F	M	F
None	24.2%	14.1%	10.6%	5.6%	19.5%	18.5%	18.4%	7.0%
1 disease	24.6%	25.1%	28.2%	17.7%	20.4%	14.0%	29.6%	20.0%
2 or 3 diseases	33.7%	41.6%	36.5%	38.7%	34.5%	43.0%	32.7%	36.0%
4 or more diseases	17.5%	19.3%	24.7%	37.9%	25.7%	38.8%	19.4%	37.0%
TOTALS	100%	100%	100%	99.9%*	100.1%*	99.9%*	100.1%*	100%
TOTAL N =	(1162)		(209)		(234)		(198)	

"Within group" relationships between number of diseases and sex:

Mexican Americans	chi-square = 20.72, df = 3, $P < .001$
Cubans	chi-square = 6.89, df = 3, P: n.s.
Puerto Ricans	chi-square = 17.47, df = 3, $P < .001$
Other Hispanics	chi-square = 12.50, df = 3, $P < .01$

*Totals do not equal exactly 100% because of rounding.

TABLE 6:17

LIVING ARRANGEMENT OF OLDER HISPANICS WHO HAVE FOUR OR MORE DISEASES

Living Arrangement	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Alone	30.7%	19.4%	44.0%	28.6%
Other	12.3%	14.9%	21.3%	19.6%
Child/ren	10.8%	17.9%	17.3%	16.1%
Spouse only	24.1%	28.4%	13.3%	21.4%
With spouse and child/ren	22.2%	19.4%	4.0%	14.3%
TOTALS	100.1%*	100.0%	99.9%*	100.0%
TOTAL N =	(212)	(67)	(75)	(56)

"Within group" significance:

Mexican Americans chi-square = 28.93, df = 12, $P < .01$
Puerto Ricans chi-square = 21.03, df = 12, $P < .05$

"Between group" significance (live alone):

Puerto Ricans and Mexican Americans $Z = 2.03$, $P < .05$
Puerto Ricans and Cubans $Z = 3.29$, $P < .001$

*Totals do not equal exactly 100% because of rounding.

TABLE 6:18

OLDER HISPANICS OVER AGE 60 WHO DO NOT HAVE MEDICINE, BY NUMBER OF DISEASES

Number of Diseases	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	20.4%	10.7%	9.4%	9.3%
1 illness	28.4%	28.0%	18.8%	27.8%
2 or 3 illnesses	35.2%	26.7%	41.2%	40.7%
4 or more illnesses	16.0%	34.7%	30.6%	22.2%
TOTALS	100.0%	100.1%*	100.0%	100.0%
TOTAL N =	(401)	(75)	(85)	(54)

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*Totals do not equal exactly 100% because of rounding.

"Within group" significances:

Mexican Americans chi-square = 21.74, df = 3, $P < .001$
Cubans chi-square = 10.85, df = 3, $P < .01$

VII. DISABILITY, PERCEIVED HEALTH, MENTAL HEALTH/LIFE SATISFACTION

While disease prevalence is one indicator of health, it by no means tells the whole story. In fact, an individual could name illnesses that he or she has but claim no disability from the illnesses. Chapter VI analyzed the number of illnesses according to subgroups. This chapter will focus on disability, perceived health, and mental health/life satisfaction.

A. Functional Disability

The degree of functional disability is one indicator by which to assess the probability of an older individual's ability to maintain independence. Functional disability has also been used as an indicator of degree of health. In this study, disability will be examined in terms of the number of older Hispanics reporting certain disability ratings, the relationship between disease and disability, and demographic variables that correlate with disability rating. It is also important to examine functional disability in terms of the percentage who need help with certain tasks.

1. Disability Rating

Each individual who reported an illness was asked: "Does this illness limit the kind or amount of work you do at home or at work - not at all? - a little? - a great deal?" During the analysis of these data, each alternative answer was assigned a value of 0 for "not at all," 1 for "a little," or 2 for "a great deal." On the basis of the assigned number, a disability score was calculated for each individual in the study.

Table 7:1 shows the disability rating, or scores, and the percentage of people who reported each. For example, a score of 0 was reported by 30.2 percent of Mexican Americans. Table 6:11 shows that 19.2 percent of Mexican Americans reported no disease. This means that in addition to the 19.2 percent who reported no illnesses, another 11 percent reported an illness that did not limit work. However, it should be noted that the disability score of an individual may be accumulated in a variety of ways, depending upon the severity of the disability.

Table 7:2 simply collapses the data and puts them into categories of similar size. This table shows significant differences between groups on the percentage of individuals who reported a disability rating of "high." Mexican Americans reported a significantly lower rate than did Other Hispanics, Puerto Ricans, or Cubans.

A major prediction of this study is that Mexican Americans, Cubans, Puerto Ricans, and Other Hispanics do not vary significantly from one another on perceived disability rating. According to these data, the outcome is:

> Cubans, Puerto Ricans, and Other Hispanics do not vary significantly from each other regarding perceived disability rating. However, Mexican Americans reported significantly lower disability than either Cubans, Puerto Ricans, or Other Hispanics. In each case the difference is significant at the .05 level or higher.

2. Diseases and Disability

Although number of diseases and disability rating measure essentially different phenomena, the variables are related. It is theoretically possible for an individual to have a number of illnesses and yet report a disability rating of "none." In practice, however, the probability

166

is high that disability will increase with the addition of each disease. This probability is due partly to the interaction of diseases with each other. Table 7:3 shows the percent reporting no disability, by number of diseases reported. Within groups, the correlation between disability and number of diseases reported closely resembles a straight line, with significance beyond the .0001 level. The relationship between disease and disability is a very powerful one.

3. Correlates of Disability

We would suspect that older Hispanics who are more advanced in years have more illnesses. But Table 7:4 illustrates that among Other Hispanics, this relationship is not clear. More Other Hispanics under 65 (namely, 38.4 percent) report no disability than do Other Hispanics age 65 and over (17.7 percent of whom report no disability). Nevertheless, a higher percentage of those under 65 (36 percent) also report high disability than do those aged 65 and over (32 percent of whom report high disability). While a higher percentage report no disability among the under-65 group (28.4 percent compared to 17.7 percent), a higher percentage (36 percent to 32 percent) of under 65 also reported high disability. Other Hispanics 65 and over are not significantly more disabled that their under-65 counterparts. Within the Puerto Rican group, too, age is not a determinant of disability, even though there is a tendency for the older persons to be more disabled. This phenomenon is partly a function of the prevailing high disability among older Puerto Ricans irrespective of specific age. Between groups, the most significant differences are that Mexican Americans report lower disability ratings than do the other groups -- irrespective of age -- except in the over-65 group of Other Hispanics. At the over-65 age level, the disability characteristics of

Mexican Americans and Other Hispanics become more similar, so that no significant statistical differences exist.

Table 7:5 shows the disability ratings of older Hispanics with yearly incomes of less than $5,000. Within groups, the disability ratings vary significantly between those with annual incomes under $5,000 and those with an income of more than $5,000 per year. This shows that those in the low-income bracket have more disabilities ("within group" table is not shown). However, among Puerto Ricans the difference is not significant. This finding for Puerto Ricans leads to the conclusion that high disability within this subgroup is so complex that it does not respond to examination in terms of income alone. More in-depth analysis is in order. Within Mexican American, Cuban and Other Hispanic groups, the relationship is more straightforward and negative -- those with lower incomes have higher disability ratings. This finding suggests that one way to lower the disability rating would be to raise the income of those older Hispanics who currently have family incomes below $5,000 per year.

Table 7:5 also indicates the "between group" significances for those older Hispanics who have a high disability rating. Out of six possible combinations of groups of two, five emerged as significantly different at least at the .01 level. The only combination of groups that does not vary significantly is Puerto Ricans and Other Hispanics. It will be noted that Cubans have the highest proportion with high disability, followed by Other Hispanics, Puerto Ricans, and Mexican Americans. In view of the strong relationship between disease and disability, it is not surprising to find that Mexican Americans report the lowest disability rating of any one of the subgroups. Mexican Americans are likewise lowest on number of diseases reported.

It is interesting to observe the differences in disability ratings according to sex. Table 7:6 shows the correlations both within and among subgroups. Within groups, the degree of disability varies significantly except in the case of Cubans, with women in the other groups reporting higher disability than men. This is consistent with the finding that among older Hispanics, women have more diseases than men. Among Cubans, women also report higher disability, but the difference is not significant.

In assessing the differences between groups, Table 7:6 indicates that Cuban women report the most disability. Almost one-half report a high disability rating. On the other hand, Mexican American women have a disability rating significantly lower than the women of any of the other three subgroups. It appears that whatever causes poorer health among Cubans affects women dramatically more than men. Here is another identified area for future research.

4. Health/Functional Assessment of Interviewers

During the construction of the instrument, it was decided that pertinent observations by the trained interviewer could add a valuable dimension to this study. Accordingly, immediately following the interview, interviewers were asked to record pertinent observations about the respondent's obvious disabilities.

Table 7:7 illustrates the recorded outcomes of observations made by interviewers. Interviewers found that 4 percent of Mexican Americans and Cubans, 2 percent of Puerto Ricans, and 3 percent of Other Hispanics were blind. Tremors were observed among approximately 3 percent of older Hispanics. Deafness was of particular importance, especially among Mexican Americans, where

interviewers noted that a full 7 percent were deaf. Eight percent of Cubans were observed to be afflicted with severe arthritis, paralysis, or other severe impairment, such as diabetes.

5. Impairment

Physical impairment poses grave problems for individuals everywhere. When advanced age is a factor, the individual is further handicapped. Minority status accentuates the problem even more. The degree to which an individual can manage alone on a day-to-day basis, as well as during short and long-term illnesses, becomes a matter of concern for society. The definition of illness in terms of impairment, therefore, has broad implications for social policy. In this study, individuals were asked a number of questions to determine their ability to function alone. The following three important aspects of functional mobility are reported: (1) percent who need help, by function, (2) sources of help during last illness, and (3) percent who had unattended needs during their last illness, by function.

Table 7:8 lists the percentage who need help on a day-to-day basis, according to function. More older Hispanics reported that they need help with driving a car by themselves than they need help with any other function. The inability to drive a car obviously limits one's mobility. The use of public transportation may not be a satisfactory alternative. The use of public transportation is limited first to the availability of such services, and second by factors specific to the individual. Where public transportation is available, the individual must have considerable mobility if he/she is to ride public transportation unattended. If help is required, mobility is curtailed accordingly. In this study, 19 percent of the Mexican

Americans, 15 percent of the Cubans, 19 percent of the Puerto Ricans, and 18 percent of the Other Hispanics reported that they need help in riding a bus. This limitation applies to approximately one-fifth of the sample.

According to this study, 16.5 percent of older Hispanics cannot climb stairs without help, and 9 percent cannot walk without help. In the areas of caring for oneself, such as in bathing, dressing/grooming, taking medication, and eating, older Puerto Ricans are the most disadvantaged; 3.8 percent of Puerto Ricans are unable to complete at least one of these functions. This compares with 3.2 percent of Mexican Americans, 2.8 percent of Cubans, and 3.6 percent of Other Hispanics.

During the interview, individuals were asked, "Who helped the last time you were ill?" The results are reported in Table 7:9. It is interesting to note that ill individuals were still most apt to bathe and dress themselves, though in about one-fifth of the cases, either a relative or the spouse helped. Meals were more probably prepared by the spouse. Cleaning house is most likely to be done by the spouse among both Mexican Americans and Cubans, but Puerto Ricans and Other Hispanics most often named relatives. Shopping is most often done by relatives in each case.

Table 7:10 shows the percentage of older Hispanics who needed help the last time they were ill when help was not forthcoming. Help with "going to the doctor" was reported as the highest need by all the subgroups except Puerto Ricans, in whose case 73 percent reported that help with shopping was the highest need. It will be noted that in all subgroups, the three most needed helps are: going to the doctor, shopping, and cleaning house.

B. Adaptive Aids

When physiological defects occur, it is important that technology be available to individuals to supplant the defects of nature. Individuals in the sample were asked whether they use certain adaptive aids, whether they need any adaptive aids, and if so, the name of the needed adaptive aids.

Glasses are the adaptive aid most used by older Hispanics, while dentures are the second most prevalent adaptive aid. Table 7:11 shows that 73 percent of Mexican Americans, 91 percent of Cubans, 74 percent of Puerto Ricans, and 79 percent of Other Hispanics wear glasses. Cubans have the highest percentage use of dentures, with 72 percent reporting use of this aid.

When asked whether they needed adaptive aids that they do not presently have, 15 percent of the Mexican American respondents, 18 percent of the Cubans, 22 percent of the Puerto Ricans, and 12 percent of the Other Hispanics reported an outstanding need for at least one adaptive aid. Table 7:12 shows the needs for adaptive aids by subgroup.

Specific needs for adaptive aids vary by subgroup. Dentures are needed by more Cubans, while glasses are the highest priority for Mexican Americans, Puerto Ricans, and Other Hispanics. Table 7:13 shows the percent who need specific adaptive aids. Six percent of the entire Mexican American subgroup reported the need for glasses. This compares to 4 percent of Cubans, 4 percent of Puerto Ricans, and 5 percent of Other Hispanics.

C. The Economics of Illness

Illness, disability, and/or functional impairment usually have a negative impact on family income. This impact is somewhat mitigated in cases where the sick one carries insurance coverage. Insurance provides a financial buffer against one of the hazards of being ill. Whether or not the individual is covered by insurance becomes a public as well as a private concern. In this study, several important aspects of the economics of illness are reported, including those relating to insurance coverage and the cost of medicine.

1. Medical Insurance

Table 7:14 shows the percentage of older Hispanics with medical coverage, by type of insurance coverage. Among Cubans, 55 percent have Medicare, both hospital and doctor coverage. This compares with 42 percent of Mexican Americans, 40 percent of Other Hispanics, and 38.5 percent of Puerto Ricans. Medicare is the type of coverage most often reported by all groups except Puerto Ricans, in which case a larger percentage (46.2 percent to 38.5 percent) report Medicaid over Medicare. Medicaid is the second highest coverage reported, followed by private health insurance, and no health or medical insurance. Mexican Americans are the group most apt to have no insurance, followed closely by Other Hispanics. Almost one-fifth of Mexican Americans and Other Hispanics have no form of coverage. While no table has been prepared to illustrate this fact, among older Mexican Americans only, there is a positive relationship (.01 level) between family income and insurance coverage. There is no significant similar relationship within other groups. Mexican Americans who have no insurance are most apt to have very low incomes. Mexican Americans with family incomes below

$3,000 per year are the least likely of any group to be covered by health insurance. It makes sense that when survival funds are very limited, even the low rates of Medicare may be prohibitive. On the other hand, not all older Hispanics are eligible for Medicare. In many cases, the price of private insurance may be out of the question for the older Hispanic.

Table 7:15 illustrates, by subgroup, the percentage of Hispanics age 60 and over who do not have Medicare coverage, according to the number of diseases reported. This table tells us about the health of the group lacking Medicare. It is interesting to note that the number of diseases reported within ethnic groups parallels relatively closely those found within subgroups shown in Table 6:12. In most cases, those who do not have insurance do not seem to be significantly worse off in terms of number of diseases than their counterparts who have insurance. This item requires additional analysis.

Some individuals allocate what part of the budget can be spent on prescriptions and other medicines. Table 7:16 shows that 80 percent of older Cubans have regular expenses for medicines. This compares to 62.2 percent for Other Hispanics, 61 percent for Mexican Americans, and 48.8 percent for Puerto Ricans. Table 7:17 shows the average monthly expenditure for medicine, by subgroup. The average figure reported includes those who do not have monthly expenses for medicine, but excludes those who do not know how much they spend. The monthly average is highest among Cubans and lowest among Puerto Ricans. One would expect that expenses for medicine would be highest among Cubans, but Puerto Ricans are second in percentage who report four or more illnesses. We would, therefore, expect expenses among Puerto Ricans for medicine to be among the highest. This finding suggests that needs among Puerto Ricans for medicine are probably not being met. This conclusion is based on the assumption that the number of diseases is correlated with the need for medicine.

D. Perceived Health

One way to assess morbidity is to ask an individual how he/she considers his/her health. Subjective reality is a vital aspect of a person's condition. The importance of this orientation for sociologists is supported by Douglas (1976), Becker (1970), Cicourel (1964), and Goffman (1959); but it was Weber who first emphasized the importance of subjective meaning for the researcher.

In this study, respondents were asked to evaluate their own health. Figure 7:1 shows the percentage of older Hispanics who perceive their health as either very poor, poor, or fair. Puerto Ricans are most apt to view their health negatively, with 68 percent seeing their health as fair, or worse. Only 11 percent of Puerto Ricans define their health as very good. This compares with 15 percent of Mexican Americans, 17 percent of Cubans, and 18 percent of Other Hispanics. Only 47 percent of older Cubans perceive their health as either very poor, poor, or fair. More Cubans see their health as either good or very good than any other group. The relatively positive health evaluation of older Cubans is very interesting in view of the high number of diseases (Table 6:2) and the high disability rating reported by older Cubans (Table 7:2). The answer to this dilemma can be found partly in Table 7:18, where it will be noted that males and females evaluate their health in similar terms. In the reports of number of diseases (Table 6:16), as well as the reports of disability rating (Table 7:6), the high rates of females result in an overall high disease number and high disability rating for older Cubans. Nevertheless, while Cuban women report the highest disability rating, and while they also report a high number of diseases, they do not, as a group, perceive their health as worse than Cuban men perceive theirs. In fact, the Cuban sample tends to perceive their health as better than does any other subgroup.

Table 7:19 shows older Hispanics who perceive their health as poor or very poor, by yearly family income. Those who perceive their health negatively have significantly lower incomes. For instance, 86 percent of older Puerto Ricans who perceive their health as poor or very poor have incomes below $5,000. This figure compares with 82 percent of Cubans, 77 percent of Other Hispanics, and 77 percent of Mexican Americans. The positive relationship between family income and perceived health is a powerful one, as noted by the significances of the chi-squares recorded in Table 7:19.

Table 7:20 defines a strong correlation between perception of health and disability ratings. This suggests a consistency in that those who perceive their health as poorer also reported higher disability ratings. This observation clarifies the effects of disease, disability rating, and perception among Cubans. It seems clear that the unusually high disability rating of Cubans can be attributed not only to women, but to a few women who have very high disability scores. Those few women do perceive their health as poor or very poor. Seventeen Cuban women altogether evaluated their health as poor or very poor. Those 17 also reported high disability ratings.

176

E. Mental Health/Life Satisfaction

Table 7:21 indicates the percentage of older Hispanics who reported that during the past year they had a family problem that was difficult to handle alone. The highest percentage occurred among Other Hispanics, where 19 percent reported difficult family problems. Thirteen percent of Mexican Americans, 10 percent of Cubans, and 9 percent of Puerto Ricans also reported serious family difficulties.

It is interesting to note that even in the face of stressful circumstances such as family problems, approximately one-third of those who reported problems handled these problems alone, with no help from others. This is illustrated in Table 7:22. In fact, more people handle the problem alone than get help from others. Other than self, the highest source of help is relatives for all the subgroups except for Puerto Ricans, where friends are more apt to help than relatives. Friends are the second group most likely to help. It is surprising to note that friends are more apt to help than the spouse in circumstances where family problems are serious. Only six percent of the subgroups members received help from the doctor, and only one percent received help with family problems from agencies. Out of the entire sample of 1,804 subjects, only one person received help from a psychologist. These data provide an example of the use of informal over formal networks by older Hispanics.

Table 7:23 indicates the percentage of older Hispanics who have been depressed during the past year. More Cubans reported depression during the past year (56 percent), followed by Other Hispanics (48 percent), Puerto Ricans (45 percent), and Mexican Americans (35 percent). When asked who helped with depression, as in the case of

serious family problems, older Hispanics are most apt to deal with depression alone. Cubans not only report more depression, but they are more apt to have no one who helps with the depression, as shown in Table 7:24. Thirty percent of Cubans, 19 percent of Other Hispanics, 17 percent of Mexican Americans, and 15 percent of Puerto Ricans reported no help at all. Aside from no help at all, Mexican Americans are most apt to receive help from relatives, Cubans from the doctor, Puerto Ricans from a friend, and Other Hispanics from a relative. Across subgroups, relatives help most often, with the church figuring second most important, and a friend ranks third as a source of help with depression.

Table 7:25 shows the percent, by subgroup, who report that they worry enough to interrupt their sleep. Fifty percent of Puerto Ricans report serious problems with sleep due to worry; and 47 percent of Cubans report the problem, together with 42 percent of Other Hispanics and 41 percent of Mexican Americans.

Another symptom of poor mental health is the experiencing of pervasive or undefined fears that have little verification in reality. The person may be fearful without knowing why this is so. In this study, 22 percent of Mexican Americans, 16 percent of Cubans, 27 percent of Puerto Ricans, and 17 percent of Other Hispanics reported such fears. It should be noted that the highest percentage of fears is among Puerto Ricans.

One indicator of the seriousness of unfounded fears is to note the frequency with which these feelings occur, as shown in Table 7:26. When considering only those who have fears "very often," we find that 9 percent of Puerto Ricans, 7 percent of Cubans, 6 percent of Mexican Americans, and 4 percent of Other Hispanics are involved. Puerto Ricans, therefore, appear to be more subject to the stress of fear than are the other Hispanic subgroups.

Those who experience unfounded fears were asked about their satisfaction with life. The results are reported in Table 7:27. Those who report fears are most apt to be "somewhat dissatisfied," as verified by the modal category. Sixty percent of the older Cubans who experience unfounded fears evaluated their life satisfaction as either "somewhat dissatisfied" or "very dissatisfied." This compares with 50 percent of the Older Hispanics, 48 percent of the Puerto Ricans, and 43 percent of the Mexican Americans.

F. Most Serious Problem

Older Hispanics were asked to name their most serious problem. Table 7:28 shows the rank order of problems named. In each subgroup, physical health ranks first. Second and third major problems are income or poverty status, and life satisfaction or morale. Differences occurred in the way subgroups rank the importance of life satisfaction/morale and income or poverty status.

Table 7:29 shows the percentage of individuals in each subgroup who named a particular problem as their most serious difficulty. It is interesting to note that at least one-fifth of all older Hispanics reported that they do not have a serious problem. This finding suggests that a sizeable proportion of older Hispanics are coping well and can call forth resources to deal satisfactorily with the adversities of aging under the constraints of low income and poverty status.

The question that assessed problems of older Hispanics reads as follows: "What do you think are the three most serious problems facing you at the present time?" Subsequently, the responses were categorized into several categories, one of which was "mental health, morale, life satisfaction." Some of the specific items reflecting mental health problems are listed below:

1. Feelings of uselessness, dependency, low self-worth
2. Unhappiness -- personal problems
3. Loneliness, isolation other than widowhood
4. Widowhood, loneliness
5. Problems with children, grandchildren, children far away
6. Adjustment to U.S. culture
7. Thoughts and fears of death -- fear of leaving dependents unprovided for
8. Wish to return home -- miss home and relatives
9. World problems
10. Interpersonal relationship problems

This is an example of an open-ended question that reveals far more in terms of meaningful information than could have been surmised from more objective methods. These data indicate that problems of physical health hold top priority among older Hispanics. In addition, it appears that mental health and life satisfaction preempt financial concern in two of the ethnic groups studied; namely, Cubans and Other Hispanics.

G. Conclusion

Disability, perceived health, mental health, and life satisfaction are important factors in the life of all individuals. Among older Hispanics, the probability of positive findings is decreased because of their relatively depressed economic situation and other handicaps.

This chapter has investigated perceived functional disability, including disability ratings, the correlates of disability, and the functional assessment recorded by interviewers. The degree of impairment and the ability of the older individual to function are also analyzed. One important aspect of this chapter is the identification of individuals who do or do not have supports that are vital and needed on either a day-to-day basis or during times of illness.

This chapter also has examined the use of adaptive aids and has defined individuals who need aids that they do not presently have. We have discussed whether or not the older Hispanic has medical insurance (and if so, what kind). Insurance is an important factor in the economics of health.

The dynamics of perceived health are analyzed in terms of sex, family income, and disability rating. Mental health and life satisfaction are areas that have broad meaning for health in general. This study identifies the percentage of older Hispanics who have had family problems that were difficult to handle alone, as well as those who have been depressed, unable to sleep, or who have experienced unknown fears. Finally, this chapter identifies the problems that older Hispanics name as the most serious.

Older Cubans report the highest disability. However, the differences are statistically significant only between Cubans and Mexican Americans, as shown in Table 7:2. Mexican Americans report lowest scores on disability. Differences in disability scores are significant between Mexican Americans and Cubans, Mexican Americans and Puerto Ricans, and Mexican Americans and Other Hispanics at least at the .05 level.

Age, income, and sex are all variables that correlate with disability. Regarding age, Mexican Americans and Cubans who are older have more disabilities. Among Puerto Ricans and Other Hispanics, the difference is not statistically significant. This finding probably reflects the multiple factors that determine disability among Puerto Ricans and Other Hispanics. Between groups, Mexican Americans under age 65 have significantly fewer disabilities than do either Other Hispanics, Puerto Ricans, or Cubans. All relationships are significant at the .001 level or better. This simply shows that, in addition to having fewer diseases, Mexican Americans also have lower disability than do other groups. The reason for this greater advantage of Mexican Americans is unclear, but it is possible that some of the factors involved are network supports that are more viable among Mexican Americans, long-term residency, and so forth.

Physical impairment poses grave problems for older Hispanics. In this study, approximately one-fourth to one-third needed assistance the last time they were ill. The help that was available usually came from spouse or relatives, though older Hispanics often managed by themselves, even when help was needed.

Puerto Ricans are somewhat more apt to need adaptive aids than are the other groups. Dentures, hearing aids and glasses are the aids most needed.

Medicare is the type of insurance coverage most often reported, though less than one-half of older Hispanics have both coverage of doctors and hospitals under Medicare. Only approximately 15 percent of older Hispanics have private insurance coverage.

182

More Puerto Ricans are likely to perceive their health as very poor, poor, or fair than the other groups. More Cubans have a positive view of their health.

Older Hispanics, to a large extent, work out their personal problems themselves. When other help intervenes, it is apt to be a relative or spouse, or the church. Agencies are seldom encountered for the purpose of resolving personal problems.

The most serious problems of older Hispanics are: health, finances, and problems of morale or life satisfaction. Factors in these problems are interrelated in intricate ways to define the life situation of older Hispanics.

Chapter VIII will examine the use of social services by older Hispanics. The knowledge of, use, evaluation of and need for social services will be analyzed, with special emphasis on the factors suggesting high or low use of social services.

TABLE 7:1

DISABILITY RATING OF OLDER HISPANICS BY PERCENT

Disability Rating	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
0	30.2%	19.6%	20.1%	23.2%
1	17.7%	15.3%	13.2%	15.7%
2	15.2%	11.5%	17.9%	17.2%
3	12.0%	12.0%	14.1%	9.6%
4	8.7%	9.6%	10.3%	10.1%
5	5.2%	7.7%	6.4%	6.1%
6	3.2%	9.6%	3.8%	6.1%
7	2.2%	5.7%	4.7%	1.5%
8	2.2%	1.4%	3.0%	3.5%
9	.9%	2.4%	2.1%	2.0%
10	.5%	2.4%	1.3%	2.5%
11	.7%	.5%	.9%	.5%
12	.2%	1.0%	.4%	1.0%
13	-	.5%	-	.5%
14	.6%	.5%	-	-
15	.3%	-	.9%	.5%
16	.1%	.5%	-	-
17	.1%	-	-	-
19	-	-	.4%	-
21	-	-	.4%	-
26	.1%	-	-	-
TOTALS	100.2%*	100.2%*	99.9%*	100.0%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Totals do not equal exactly 100% because of rounding.

TABLE 7:2

PERCEIVED DISABILITY RATING OF OLDER HISPANICS

Disability Rating	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	30.2%	19.6%	20.1%	23.2%
Low	17.7%	15.3%	13.2%	15.7%
Medium	27.2%	23.5%	32.0%	26.8%
High	25.0%	41.8%	34.6%	34.3%
TOTALS	100.1%*	100.2%*	99.9%*	100.0%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Totals do not equal exactly 100% because of rounding.

"Between group" significances:

High disability rating:

Mexican Americans and Other Hispanics	$P < .05$
Puerto Ricans and Mexican Americans	$P < .05$
Cubans and Mexican Americans	$P < .001$

TABLE 7:3

PERCENT NO DISABILITY BY NUMBER OF DISEASES REPORTED BY ETHNIC SUBGROUP

Diseases Reported	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	63.0%	39.0%	57.4%	54.3%
Low	21.4%	31.7%	25.5%	37.0%
Medium	14.0%	26.8%	12.8%	6.5%
High	1.7%	2.4%	4.3%	2.2%
TOTALS	100.1%*	99.9%*	100.0%	100.0%
TOTAL N =	(351)	(41)	(47)	(46)

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*Totals do not equal exactly 100% because of rounding.

"Within group" significances:

Mexican Americans chi-square = 1325, df = 9, $P < .0001$
Cubans chi-square = 205, df = 9, $P < .0001$
Puerto Ricans chi-square = 259, df = 9, $P < .0001$
Other Hispanics chi-square = 243, df = 9, $P < .0001$

TABLE 7:4

DISABILITY OF OLDER HISPANICS ACCORDING TO AGE

Disability	Mexican Americans		Cubans		Puerto Ricans		Other Hispanics	
	Under 65	65 and Over	Under 65	65 and Over	Under 65	65 and Over	Under 65	65 and Over
None	33.6%	26.8%	20.2%	19.1%	22.2%	17.6%	28.4%	17.7%
Low	17.8%	17.7%	24.2%	7.3%	15.9%	10.2%	14.7%	16.7%
Medium	28.3%	26.3%	23.2%	23.6%	30.2%	34.3%	20.6%	33.3%
High	20.3%	29.2%	32.3%	50.0%	31.7%	38.0%	36.3%	32.3%
TOTALS	100.0%	100.0%	99.9%*	100.0%	100.0%	100.1%*	100.0%	100.0%
TOTAL N =	(580)	(582)	(99)	(110)	(126)	(108)	(102)	(96)

*Totals do not equal exactly 100% because of rounding.

"Within group" significances:

Mexican Americans chi-square = 14.1, df = 3, P<.01
Cubans chi-square = 13.8, df = 3, P<.01

"Between group" significances, (Under age 65):

Mexican Americans and Other Hispanics Z = 4.43, P<.001
Mexican Americans and Puerto Ricans Z = 3.49, P<.001
Mexican Americans and Cubans Z = 3.64, P<.001

TABLE 7:5

DISABILITY RATING OF OLDER HISPANICS WITH INCOMES OF LESS THAN $5,000

Disability Rating	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	25.1%	12.6%	14.9%	12.4%
Low	17.4%	7.6%	12.4%	10.7%
Medium	29.4%	22.7%	34.8%	35.5%
High	28.1%	57.1%	37.9%	41.3%
TOTALS	100.0%	100.0%	100.0%	99.9%*
TOTAL N =	(677)	(119)	(161)	(121)

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*Totals do not equal exactly 100% because of rounding.

"Between group" significances:

Mexican Americans and Cubans	$P < .001$
Mexican Americans and Puerto Ricans	$P < .01$
Mexican Americans and Other Hispanics	$P < .001$
Cubans and Puerto Ricans	$P < .001$
Cubans and Other Hispanics	$P < .001$

"Within group" significances:

Mexican Americans	chi-square = 32.24, df = 9, $P < .001$
Cubans	chi-square = 39.59, df = 9, $P < .001$
Other Hispanics	chi-square = 41.47, df = 9, $P < .0001$

TABLE 7:6

DISABILITY RATING OF OLDER HISPANICS BY SEX BY ETHNIC SUBGROUP

Disability Rating	Mexican Americans		Cubans		Puerto Ricans		Other Hispanics	
	M	F	M	F	M	F	M	F
0	33.8%	26.6%	22.4%	17.7%	28.3%	12.4%	27.6%	19.0%
Low	16.3%	19.1%	18.8%	12.9%	15.0%	11.6%	19.4%	12.0%
Medium	24.7%	29.8%	28.2%	20.2%	28.3%	35.5%	30.6%	23.0%
High	25.1%	24.5%	30.6%	49.2%	28.3%	40.5%	22.4%	46.0%
TOTALS	99.9%*	100%	100%	100%	99.9%*	100%	100%	100%
TOTAL N =	(582)	(580)	(85)	(124)	(113)	(121)	(98)	(100)

*Totals do not equal exactly 100% because of rounding.

"Within group" significances:

Mexican Americans	chi-square = 9.22, df = 3, $P < .05$
Puerto Ricans	chi-square = 11.36, df = 3, $P < .01$
Other Hispanics	chi-square = 12.34, df = 3, $P < .01$

"Between group" selected significances for women:

Mexican Americans and Cubans	$P < .001$
Mexican Americans and Puerto Ricans	$P < .001$
Mexican Americans and Other Hispanics	$P < .001$

TABLE 7:7

OBSERVATIONS BY THE INTERVIEWER ON HEALTH/FUNCTIONAL ABILITY OF OLDER HISPANICS

Impairment	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Blindness	4%	4%	2%	3%
Tremors	3%	2%	3%	3%
Deafness	7%	-	2%	4%
Speech	2%	1%	5%	5%
Missing limbs	1%	-	-	1%
Other serious impairments, such as paralysis, severe arthritis, severe diabetes	-	8%	2%	6%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 7:8

PERCENT WHO NEED HELP, BY FUNCTION BY ETHNIC SUBGROUP

Function*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Driving a car	47%	38%	59%	55%
Cleaning house	20%	18%	23%	20%
Riding a bus	19%	15%	19%	18%
Climbing stairs	16%	14%	19%	17%
Cooking	15%	11%	14%	16%
Walking	8%	8%	10%	10%
Handling finances	7%	6%	11%	5%
Bathing	5%	3%	6%	5%
Dressing self	4%	4%	4%	5%
Grooming self	3%	3%	4%	5%
Taking medication	3%	2%	3%	2%
Feeding self	1%	2%	2%	1%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Categories are not mutually exclusive.

TABLE 7:9

WHO ASSISTED THE LAST TIME YOU WERE ILL AND NEEDED HELP? PERCENT, BY ETHNIC SUBGROUP*

Function	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Bathing	Self 19%	Spouse 19%	Self 23%	Relative 20%
Dressing	Self 19%	Spouse 20%	Self 24%	Relative 20%
Preparing meals	Spouse 28%	Spouse 30%	Spouse 23%	Relative 27%
Cleaning house	Spouse 29%	Spouse 30%	Relative 23%	Relative 28%
Shopping	Relative 31%	Spouse 31%	Relative 26%	Relative 31%
Going to the doctor	Relative 39%	Relative 30%	Relative 24%	Relative 31%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Most often named category, by percent.

193

TABLE 7:10

PERCENT WHO NEEDED HELP THE LAST TIME THEY WERE ILL BUT DID NOT HAVE HELP

Function	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Bathing	19%	9%	23%	10%
Dressing	15%	9%	24%	11%
Meals	12%	5%	16%	8%
Cleaning house	11%	5%	16%	10%
Shopping	10%	4%	16%	8%
Going to the doctor	8%	3%	17%	9%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 7:11

PERCENT ADAPTIVE AIDS USED BY ETHNIC SUBGROUP

Aid	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Glasses	73%	91%	74%	79%
Dentures	43%	72%	67%	63%
Cane	9%	3%	15%	12%
Walker	3%	3%	2%	3%
Wheel chair	2%	2%	1%	3%
Back brace	2%	2%	3%	4%
Leg brace	1%	1%	-	2%
Hearing aid	4%	-	3%	5%
Artificial limbs	1%	-	-	-
Colostomy equipment	1%	1%	-	-
Catheter	-	1%	-	-
Kidney Dialysis machine	-	1%	3%	1%
Other (oxygen tank, crutches, hospital bed)	1%	3%	-	-
TOTAL N =	(1162)	(209)	(234)	(198)

195

TABLE 7:12

PERCENT WHO NEED AT LEAST ONE SPECIFIC ADAPTIVE AID BY ETHNIC SUBGROUP

Need Adaptive Aids	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Yes	15%	18%	22%	12%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 7:13

PERCENT WHO NEED SPECIFIC ADAPTIVE AIDS* BY ETHNIC SUBGROUP

Specific Aid Needed	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Dentures	3%	6%	2%	2%
Hearing Aid	4%	3%		2%
Glasses	6%	4%	4%	5%
Cane			3%	
TOTAL N =	(1162)	(209)	(234)	(198)

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*Aids listed are those most often requested.

TABLE 7:14

PERCENTAGE OF OLDER HISPANICS WITH MEDICAL COVERAGE* BY TYPE OF INSURANCE

Type	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Medicare (hospital only)	10%	4%	13.7%	10.1%
Medicare (hospital and doctor)	42%	55%	38.5%	40.0%
Medicaid or Medi-Cal	26%	32%	46.2%	25.8%
Private health insurance (hospitalization only)	7%	8%	3.4%	7.6%
Private health insurance (both hospitalization and doctor)	17%	24%	10.7%	25.3%
Veteran's health benefits	2%	-	3.0%	-
No health or medical insurance	18%	8.0%	9.4%	17.2%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Categories are not necessarily mutually exclusive.

193

TABLE 7:15

OLDER HISPANICS AGE 60 AND OVER WHO DO NOT HAVE MEDICARE, BY NUMBER OF DISEASES

Number of Diseases	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	20.4%	9.3%	9.4%	10.7%
1 disease	28.4%	27.8%	18.8%	28.0%
2 or 3 diseases	35.2%	40.7%	41.2%	26.7%
4 or more diseases	16.0%	22.2%	30.6%	34.7%
TOTALS	100.0%	100.1%*	100.0%	100.0%
TOTAL N =	(401)	(54)	(85)	(75)

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*Totals do not equal exactly 100% because of rounding.

Significant "within group" relationships between number of diseases and those age 60 and over with no medicare:

Mexican Americans chi-square = 21.74, df = 3, $P < .001$
Cubans chi-square = 10.85, df = 3, $P < .01$

193

TABLE 7:16

PERCENTAGE OF OLDER HISPANICS WHO HAVE MONTHLY EXPENSES FOR MEDICINE

Have monthly Expenses for medicine?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
No	35%	16%	44.4%	33.8%
Yes	61%	80%	48.8%	62.2%
Don't know	4%	4%	6.8%	4.0%
TOTALS	100%	100%	100%	100%
TOTAL N =	(1162)	(209)	(234)	(198)

200

TABLE 7:17

MEAN AMOUNT SPENT PER MONTH ON MEDICINE

Mean Amount	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Per Month	$15.45	$23.98	$11.51	$16.47
TOTAL N =	(1118)	(205)	(218)	(190)

201

TABLE 7:18

EVALUATION OF PERCEIVED HEALTH BY OLDER CUBANS, BY SEX

Perceived Health	Males	Females
Very Poor	4.7%	4.0%
Poor	8.2%	9.7%
Fair	32.9%	35.5%
Good	37.6%	33.1%
Very Good	16.5%	17.7%
TOTALS	99.9%*	100.0%
TOTAL N = (209)		

---

*total does not equal exactly 100% because of rounding

chi-square = .614, df = 4, n.s.

202

TABLE 7:19

OLDER HISPANICS WHO PERCEIVE THEIR HEALTH AS POOR OR VERY POOR, BY YEARLY FAMILY INCOME

Yearly Income	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
0 - $2,999	38.0%	35.7%	28.6%	31.4%
$3,000 - $4,999	38.5%	46.4%	57.1%	45.7%
$5,000 - $9,999	20.2%	14.3%	9.5%	22.9%
$10,000 and over	3.3%	3.6%	4.8%	-
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(213)	(28)	(42)	(35)

"Within group" significant relationships:

Mexican Americans	chi-square = 70.4, df = 12, $P < .001$
Cubans	chi-square = 30.7, df = 12, $P < .01$
Puerto Ricans	chi-square = 41.5, df = 12, $P < .001$
Other Hispanics	chi-square = 39.2, df = 12, $P < .001$

203

TABLE 7:20

PERCEPTION OF HEALTH BY THOSE WITH HIGH DISABILITY RATING BY ETHNIC SUBGROUP

Perception of Health	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Very Poor	10.8%	5.7%	12.3%	11.8%
Poor	33.7%	20.7%	22.2%	29.4%
Fair	46.5%	51.7%	55.6%	45.6%
Good	7.6%	20.7%	4.9%	11.8%
Very Good	1.4%	1.1%	4.9%	1.5%
TOTALS	100.0%	99.9%*	99.9%*	100.1%*
TOTAL N =	(288)	(87)	(81)	(68)

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*Totals do not equal exactly 100% because of rounding.

"Within group" significances:

Mexican Americans chi-square = 466, df = 12, $P < .0001$
Cubans chi-square = 103, df = 12, $P < .0001$
Puerto Ricans chi-square = 69.5, df = 12, $P < .001$
Other Hispanics chi-square = 113, df = 12, $P < .0001$

TABLE 7:21

PERCENT THAT REPORTED A FAMILY PROBLEM DURING THE PAST YEAR THAT WAS DIFFICULT TO HANDLE ALONE BY ETHNIC SUBGROUP

Had family problem that was difficult to handle alone?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Yes	13%	10%	9%	19%
TOTAL N =	(1162)	(209)	(234)	(198)

205

TABLE 7:22

WHO HELPED WITH DIFFICULT FAMILY PROBLEMS?

PERCENT, BY ETHNIC SUBGROUP

Who helped?*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
No one	4% (52)	3% (6)	3% (7)	7% (13)
Church	2% (22)	1% (3)	1% (2)	3% (6)
Spouse	3% (30)	- (1)	1% (2)	2% (4)
Relative	4% (48)	3% (6)	2% (4)	6% (12)
Friend	2% (26)	2% (4)	3% (7)	2% (4)
Counselor	1% (6)	- -	- (1)	2% (3)
Psychologist	- (1)	- -	- -	- -
Doctor	1% (6)	2% (4)	- (1)	1% (2)
Agency	1% (6)	- -	- -	- -
TOTAL N =	(1162)	(209)	(234)	(198)

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*Responses given are not mutually exclusive.

TABLE 7:23

PERCENTAGE WHO HAVE FELT DEPRESSED DURING THE PAST YEAR BY ETHNIC SUBGROUP

Have felt depression during the past year?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Depressed	35%	56%	45%	48%
TOTAL N =	(1162)	(209)	(234)	(198)

207

TABLE 7:24

WHO HELPED WITH DEPRESSION?

PERCENT, BY ETHNIC SUBGROUP

Who helped?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
No one	17%	30%	15%	19%
Church	5%	9%	9%	9%
Spouse	6%	5%	3%	3%
Relative	7%	9%	7%	12%
Friend	4%	3%	12%	7%
Counselor	-	-	1%	1%
Psychologist	-	2%	2%	2%
Doctor	3%	11%	3%	3%
Agency	-	-	-	1%
Other (prayer, lawyer)	1%	3%	3%	2%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Responses are not mutually exclusive.

208

TABLE 7:25

PERCENTAGE WHO SOMETIMES WORRY ENOUGH TO INTERRUPT SLEEP BY ETHNIC SUBGROUP

Worry enough to interrupt sleep?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Yes	41%	47%	50%	42%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 7:26

PERCENTAGE WHO ARE AFRAID BUT ARE NOT SURE WHY* BY ETHNIC SUBGROUP

How often afraid?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Very often	3%	3%	3%	2%
Often	3%	4%	6%	2%
Sometimes	12%	7%	15%	7%
Rarely	4%	2%	3%	6%
Never	-	-	-	-

---

*Percentages based on total Subgroup N.

TABLE 7:27

LIFE SATISFACTION OF RESPONDENTS WHO SOMETIMES EXPERIENCE UNKNOWN FEARS BY ETHNIC SUBGROUP

Life Satisfaction*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Very Satisfied	5.4%	5.7%	1.8%	8.82%
Somewhat satisfied	13.8%	5.7%	15.8%	8.82%
Neither satisfied nor dissatisfied	36.5%	28.6%	34.9%	32.45%
Somewhat dissatisfied	30.8%	40.0%	30.1%	32.45%
Very dissatisfied	13.5%	20.0%	17.4%	17.7%
TOTALS	100.0%	100.0%	100.0%	100.1%**
TOTAL N =	(260)	(35)	(63)	(34)

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*Percentage based on N of those who sometimes experience unknown fears.

**Total does not equal exactly 100% because of rounding.

TABLE 7:28

RANK ORDER OF MOST SERIOUS PROBLEM BY ETHNIC SUBGROUP

Problem	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Physical health	1	1	1	1
Income, poverty status	2	3	2	3
Mental health/life satisfaction	3	2	3	2
TOTAL N =	(1163)	(209)	(234)	(198)

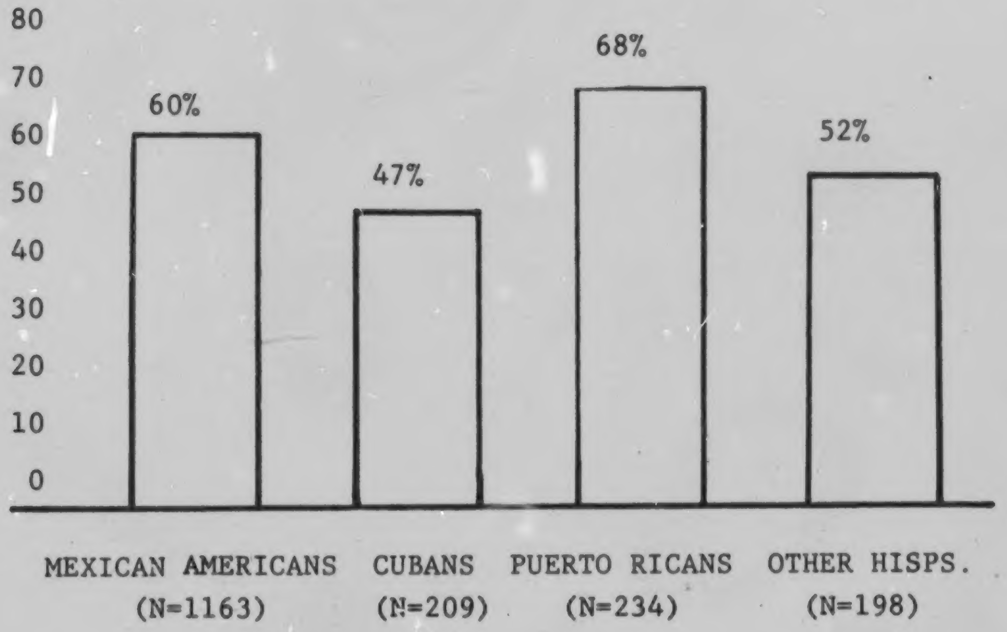
TABLE 7:29

MOST SERIOUS PROBLEM FACING OLDER HISPANICS BY PERCENT BY ETHNIC SUBGROUP

Most Serious Problem	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
None	23%	16%	24%	20%
Physical health	24%	25%	25%	28%
Income, poverty status	22%	23%	20%	20%
Mental health/ life satisfaction	13%	24%	13%	22%
Other	18%	12%	18%	10%
TOTALS	100%	100%	100%	100%
TOTAL N =	(1162)	(209)	(234)	(198)

FIGURE 7:1

PERCENTAGE OF OLDER HISPANICS WHO REPORTED HAVING VERY POOR, POOR, OR FAIR HEALTH



VIII. SOCIAL SERVICES

Aside from the objective of increasing the quality and quantity of life for older individuals, the provision of social services in the community has been found to be a cost effective way to avoid, either temporarily or permanently, institutionalization of the frail elderly. Many older people, given support systems, can live out their lifespan in their own home.

Most Americans have long considered institutionalization to be an alternative of last resort. The literature tends to support the public's indictment of bad treatment of clients, including generally substandard conditions (Mendelson, 1974; Butler, 1975). However, the probability of remaining in the community becomes more troublesome with increased age and decreased ability of the older person to function independently.

In the past, the solution to this problem has sometimes been found in the informal support systems of family and friends. Among older Mexican Americans, care in later life has often been considered the purview of the extended family. Eribes (1977:3) found that in the state of Arizona, where 5.3 percent of the elderly population resided in nursing homes, only 2.3 percent of the Mexican American elderly did so. Eribes also noted that among Mexican Americans, as income goes up, the probability of nursing home care goes down. The conclusion reached by Eribes was that Mexican Americans make every effort to care for their aged outside the institution. But researchers do not agree about the viability of the extended family arrangement as an institution that can and will care for the older person. Moore (1971) has suggested that urbanization may have fragmented the extended family form, leaving older Mexican Americans without the support systems that were dependable in a rural environment.

The extent to which support systems are currently available in the service networks for older Mexican Americans is questionable. Nevertheless, institutionalization remains the alternative when informal systems fail to provide backup services, irrespective of ethnic group. Institutional care has become an easy, though expensive, solution to problems of caring for the elderly. In many cases, older persons whose main problem was difficulty in shopping or making meals have been forced into nursing homes. The Congressional Budget Office estimates that 20 to 40 percent of persons in nursing homes could be cared for less expensively in the community (Gary, Hyman, and Piegel, 1977). The skyrocketing costs of institutional care in this country have forced a reevaluation of the use of nursing homes for persons who do not require 24-hour care.

The passage of the Older Americans Act of 1965 was a response to increasing institutional care costs and to a new public awareness, or sensitivity, toward the needs of the aged. The community-based services that have been an outcome of the Older Americans Act and subsequent entitled government programs have affected positively the lives of many older Americans. Such programs often furnish these seniors with the supports that enable them to remain in their own home instead of being institutionalized.

However, one problem in rendering community-based social services has been a low participation rate, especially in certain segments of the older population. Communication between providers and clients has been fraught with difficulties. Many difficulties are caused by class differences between providers and clients (Strauss, 1969; Roth, 1972). Nevertheless, all problems have been accentuated where minorities are the target group. This is especially true with older Hispanics, where language and cultural traditions further separate providers from those being served (Weclew, 1975; Lindstrom, 1975; Bell, 1976; Newquist, et al., 1979).

While the main focus of this chapter will be perceived needs of older Hispanics for social services, the chapter will also analyze knowledge of social services, use of social services, and evaluation of social services that older Hispanics use.

Older Hispanics were asked their knowledge of, use, evaluation of, and need for the thirteen social services listed in Table 8:1. Specifically, this chapter seeks to answer the following questions pertaining to social services:

1. What is the knowledge level of social services?
2. What is the degree to which older Hispanics use social services that are available?
3. How do older Hispanics evaluate social services in terms of adequacy?
4. Which services are preceived as most needed by older Hispanics?
5. Do Hispanics vary ethnically (in terms of Mexican American, Cuban, Puerto Rican or Other Hispanics) on knowledge, use, perceived adequacy, or need?
6. What is the demographic profile of the older Hispanic who has the highest perceived need for social services?

A. Knowledge of Social Services

According to Schneider (1979), there is little evidence that, even with outreach, the "neediest of the needy" have been reached. One explanation for low use is a problem in transmission of information. Therefore, it seems reasonable to suspect that some or all groups have low knowledge of available services. One way to assess the subgroup's degree of knowledge is to compare the groups. Table 8:1 provides a comparison of the knowledge reported on individual services. It will be noted that Cubans have the highest knowledge of medical care, that Puerto Ricans have the highest knowledge of food stamps, and Mexican Americans the highest knowledge of where to get hot meals. Cubans and Puerto Ricans have similar knowledge on rent assistance, whereas Mexican Americans are more knowledgeable regarding "meals on wheels." It is very interesting that Puerto Ricans are more knowledgeable on all seven of the remaining services. The interpretation of this finding is equivocal, because positive responses may be due to the availability of more services in Eastern cities. On the other hand, Puerto Ricans may be more informed about what is available in community social services for other reasons, such as higher need. But whatever the reason, knowledge is higher among Puerto Ricans. Across all thirteen services, Puerto Ricans had more knowledge on nine services; Cubans had higher knowledge on two, Mexican Americans had higher knowledge on two, and Other Hispanics were lower in all knowledge on social services.

Another way to examine these data is to compare by subgroup the ranking assigned by each group in terms of knowledge. Such information should give us a clue to either high visibility of the service, or high interest on the part of the client, or both. Table 8:2 demonstrates the order in which ethnic groups placed the service in terms of knowledge. Food stamps ranked highest in knowledge by all ethnic subgroups. While medical care, hot meals, and transportation generally ranked high, there is considerable variation in the way the subgroups rank-ordered their knowledge. The significance levels reported at the bottom of Table 8:2 indicate that such different rankings would not have happened by chance alone in more than one case in a thousand for four of the comparisons. The results of the significance test merely warrant more confidence in the interpretation of very different knowledge among the subgroups represented here.

Another useful way to look at knowledge is to determine the degree to which individuals had overall knowledge of services. For example, Table 8:1 indicates the percent who had knowledge of specific services, by services. Table 8:2 shows the rank order of knowledge on specific services. Now the question is "Across all services, what is the level of knowledge? How many services do people know about? Table 8:3 answers this question in terms of subgroups.

Since Puerto Ricans reported higher knowledge of individual social services, it is not surprising that the average older Puerto Rican knows of more services than an older person from any one of the other subgroups. While four is the number of services most often reported by older Puerto Ricans, 50 percent of the population reported knowledge of 4.89 services. What is surprising is that Mexican Americans ranked second in knowledge, since low education (especially among women) together with language difficulties have been considered by researchers to be a formidable barrier. Carp (1968) and others have seen knowledge insufficiency as a serious deterrent to use. However, even though 50 percent of the Mexican Americans knew about

3.97 services, it should be noted that the largest single group of older Mexican Americans had no knowledge of any social service.

A comparison of the four groups in Table 8:3 shows that Other Hispanics have the least knowledge of social services, with 24.7 percent knowing of no social service. As mentioned before, Puerto Ricans are most knowledgeable, with only 8.2 percent knowing of no services. Cubans and Mexican Americans fall between the two extremes. As noted in Table 8:3, very few older Hispanics have knowledge of all 13 social services investigated, though once again, Puerto Ricans rank highest in this regard. The median knowledge of each group is noted in Table 8:3. It indicates that Puerto Ricans are almost twice as knowledgeable as Other Hispanics regarding social services.

Prediction No. 3 of this study stated that:

> Older Mexican Americans, Cubans, Puerto Ricans, and Other Hispanics have similar knowledge of social services.

However, we have already seen that wide variation exists among subgroups concerning the knowledge of social services. The conclusion from these data is:

> Puerto Ricans have significantly more knowledge of social services than do Cubans, Mexican Americans, or Other Hispanics. Also, Mexican Americans have significantly higher knowledge of social services than do either Cubans or Other Hispanics.

Analysis of these data suggests that while some older Hispanics are knowledgeable of the availability of social services, a larger percentage still remains outside the reach of the dominant institutions. There are several explanations that could account for differences in knowledge. Some likely variables are: language and other communication barriers, degree of urbanization, and features of the community -- such as networks, the providing of services, and efforts to communicate the services to clients. For example, highly urbanized Puerto Ricans may know of more services simply because they reside in an area where more such services exist.

B. Use of Social Services

Although obviously there is no use without knowledge, satisfying the condition of knowledge does not insure use, even in the presence of need. Table 8:4 shows the reported use of social services by individuals in this study.

Table 8:4, which shows the percentage who use services, compares the different subgroup. The most obvious finding is that all older Hispanics are very low users. The highest use reported in Table 8:4 is the use of food stamps among Puerto Ricans, where 42.7 percent are users. Nevertheless, that leaves 57 percent of this aged group who do not use food stamps. The lowest use reported is consumer education, where fewer than 1 percent of Mexican Americans use the service. In the case of consumer education, 99 percent of older Mexican Americans are nonusers.

Table 8:5 displays the ways older Hispanics utilize services in terms of rank order. The priorities of each group vary sufficiently so that such different rankings would not have happened by chance except in very rare instances. Surely, these varied use patterns will provide valuable information for planners of community social services.

Table 8:5 also shows that in several instances, services have equal value. For instance, among Cubans, recreational services, consumer education, and information on helps have equal use. Also, among Other Hispanics, four services tied for seventh place; namely, "meals on wheels," legal help, retirement courses, and consumer education. Medical care, food stamps, hot meals, and transportation are generally important in all groups, but the specific rankings vary. This is different from Table 8:2, where knowledge on food stamps was indicated as highest by all ethnic groups.

Table 8:3 illustrates the percentage of individual subgroup members, in terms of the number of services on which they reported knowledge. Table 8:6 gives comparable information on use. Again, we see the wide gap between knowledge and use. Cumulative percentages (not shown) indicate that 84 percent of both older Mexican Americans and Cubans use only two or fewer services. 71.5 percent of older Puerto Ricans and 86 percent of older Other Hispanics use two or fewer services. All the evidence so far points to low use, in light of assumed high need, with Puerto Ricans indicating the highest use. It will be noted that the largest percentage in each group used no service at all. The nonusing percentage was highest among Other Hispanics, 43.9 percent, compared to 42 percent among Mexican Americans, 36 percent among Cubans, and 27.6 percent among Puerto Ricans. Among the Mexican Americans who are users, 51 percent use only one service, compared to 42 percent among Cubans, 31 percent among Puerto Ricans, and 46 percent among Other Hispanics.

Prediction No. 3 of this study stated that:

Older Mexican Americans, Cubans, Puerto Ricans and Other Hispanics have similar use of social services.

However, there is variation among the different subgroups on use of services. Therefore, the conclusions from data can be stated as follows:

Other Hispanics are significantly more apt to use no social services than are Cubans. Also, Puerto Ricans use significantly more services than Mexican Americans, Cubans, or Other Hispanics.

C. Perceived Adequacy of Social Services

In the majority of cases, older Hispanics evaluated the services that they used as adequate. However, negative evaluations were also forthcoming. Table 8:7 lists the services that received 10 percent or more negative evaluations.

The highest single negative evaluation of any service was reported by Cubans, where 33 percent evaluated the food stamp service inadequate. This compares to 25 percent among Other Hispanics, 20 percent among Puerto Ricans, and 18 percent among Mexican Americans. Of all services investigated, food stamps was the only one found inadequate by all subgroups.

It should be noted that Mexican Americans criticized more services. In fact, the subgroup's evaluation of medical care barely fell below the negative evaluation level set for this study, since 9.1 percent of older Mexican Americans evaluated medical services negatively. On the other hand, while Cubans criticized only the food stamp program and medical services, the high percentage of negative evaluations indicates high user dissatisfaction among a sizable proportion of Cubans.

D. Perceived Need for Social Services

Tables 8:8, 8:9, and 8:10 give three different perspectives on the needs for social services as reported by the older Hispanics in this study. Table 8:8 shows the percent who perceive need for services, by specific service; Table 8:9 indicates how subgroups rank their specific needs; and Table 8:10 provides a display of the number of services needed, in terms of the population percentage requiring those services. For instance, 6.5 percent of the Mexican American sample indicated that they need five different services, compared with 8.2 percent of Cubans, 6.9 percent of Puerto Ricans, and 5.6 percent of Other Hispanics.

The two highest needs for services indicated in Table 8:8 were the 74.2 percent of the Puerto Ricans who need food stamps, and 65.2 percent who need medical care. The consistently high need for social services among Puerto Ricans is noteworthy throughout. Especially high are items of transportation, information on helps, hot meals, and rent assistance, all of which are needed by more than 40 percent of the Puerto Ricans sampled. On the other hand, among Mexican Americans, the only services needed by as many as 40 percent of the population are medical care, which is specified by 51 percent, and food stamps, which 46.5 percent require. In contrast, older Cubans report that 57.7 percent need medical care, 56.5 percent need food stamps, and 45 percent general information on where to go for help. Other Hispanics need medical care most (49.7 percent) followed by food stamps, which 49.5 percent indicated. In addition, Other Hispanics indicated that 42.9 percent need transportation, and 41.4 percent need information on where and how to get assistance.

According to Table 8:10, 30.1 percent of Other Hispanics have no need for any social service. This compares with 26.3 percent of Mexican Americans, 20.7 percent of Cubans, and only 12 percent of Puero Ricans. In fact, Puerto Ricans report the highest need, which is an average of 4.67 services, indicating a need that is 43 percent higher than the 2.68 average reported by Mexican Americans. The needs of Other Hispanics and Cubans are slightly higher than those of Mexican Americans, which are lowest; but Other Hispanics and Cubans have far lower needs than Puerto Ricans.

Table 8:9, which indicates the ranking of needs, shows that someone to help with chores and tax information is least needed by Mexican Americans; consumer education and retirement courses are least needed by older Cubans; retirement courses and tax information least needed by Puerto Ricans, and retirement courses and legal helps least needed by Other Hispanics. One could assume that these life-enhancing aids lose significance in the face of more pressing needs for life supports such as food stamps, medical care, and hot meals. However, it should be noted that three out of the four ethnic groups listed information on helps as priority number 3. This is very interesting; it suggests a gap in knowledge where older people simply do not know where to go or how to cut through the maze of bureaucratic red tape. It further suggests a serious need for better communication on available services, as well as education on consumer rights, and so forth.

While there is some consistency in the ranking for medical care and food stamps in that these services rank as either first or second place for all groups, still there is no one service on which all groups agree on priority. This finding supports the notion of heterogeneity between groups on needs. We cannot generalize from one Hispanic group to another. We cannot assume that all groups have the same needs when, in fact, these data show them to be very different from one another. The Spearman's rank order correlation coefficients reported in Table 8:9 provide the empirical verification of heterogeneity between groups in terms of needs.

Prediction No. 3 of this study stated that:

> Older Mexican Americans, Cubans, Puerto Ricans, and Other Hispanics have similar needs for social services.

However, these data show that older Hispanics have different needs for social services. The conclusion can be stated as follows:

> Puerto Ricans reported significantly more needs for social services than Other Hispanics, Cubans, or Mexican Americans.

So far, we have presented tables and discussion to substantiate the percentage who have knowledge, use, evaluation of, and need for social services; the rank ordering of each social service in terms of knowledge, use, evaluation of services, and needs; and the percent need for social services by number of services on each of the variables, by group. Next, we will show some of the relationships among knowledge, use, evaluation of adequacy, and need for the four different subgroups.

E. Relationships Among Knowledge, Use, Adequacy and Need

Tables 8:11, 8:12, 8:13, and 8:14 illustrate various relationships among knowledge, use, adequacy, and need among the four Hispanic subgroups. It is important to note the "within group" relationships as well as the "between group" relationships.

Table 8:11A shows, for example, that 16.3 percent of Mexican Americans neither use nor know of any services. Another 35.6 percent know of services but still do not use them. Only 48 percent of older Mexican Americans both have knowledge of and use at least one social service.

Table 8:11B shows the relationship between knowedge and need. Nine percent of Mexican Americans have neither need for nor knowledge of social services, while another 17.3 percent have knowledge of services but still no need. On the other hand, 7.5 percent have no knowledge of services but do have a need. This particular group would, no doubt, benefit from service information. Another explanation is that "no knowledge" may indicate the non-availability of services in certain locales. 66.2 percent of older Mexican Americans had both knowledge and need of services.

Table 8:11C indicates the relationship between need and use. 24.1 percent of older Mexican Americans reported neither need nor use of services. 27.8 percent reported a need for services but no use. This cell represents another group identified as being in need of services that are not being satisfied by use. Also, 8.1 percent currently use services but do not report a further need. 45.8 percent of the older Mexican Americans who use services express further needs. One could argue that 45.8 percent of older Mexican Americans are dissatisfied with social services in that their needs are not being met currently, even though all of them do use at least one

service that they know about and is available. The most accurate assessment of unfulfilled needs can be obtained by combining those who need services but do not use them with those who use services (at least one service) but still have unmet needs. The combination of 27.8 percent and 45.8 percent means that 73.6 percent of older Mexican Americans report that they have needs for services that for some reason remain unmet.

Table 8:11D illustrates the relationship between adequacy and use. Of Mexican Americans who use services, 5.9 percent negatively evaluate the services. This cell designates an area of direct discontent with specific services that have been used -- discontent that may produce future non-use among older Mexican Americans. Finally, 94.1 percent of older Mexican Americans use at least one social service and find it adequate. This cell identifies those who have used at least one service and were satisfied. Obviously, an evaluation of adequacy incorporates more than simply evaluating a service. Unmet needs must be part of the consideration.

Tables 8:12, 8:13, and 8:14 give identical detailed information for Cubans, Puerto Ricans, and Other Hispanics. A comparison of the relationships by ethnic group highlights the heterogeneity among Hispanic subgroups. Table A shows that Other Hispanics are lowest on knowledge, followed by Mexican Americans. But, given knowledge, Table A also shows that Mexican Americans use services least. This finding suggests that a factor or factors other than lack of knowledge is responsible for low use among Mexican Americans.

A comparison of the "A" Tables for all subgroups also confirms that while Other Hispanics have the smallest percentage (42.2) who have both knowledge of and use at least one service, Puerto Ricans are the highest group in this cell; 66.5 percent of Puerto Ricans have both knowledge and use. It is interesting to note that Other Hispanics have the highest percentage of individuals who have no knowledge, both in the presence and absence of need. This relationship is designated in Table "B" for the respective groups. It appears that Other Hispanics are the group most in need of education on the availability of services. The findings further suggest that need is a powerful variable, in that where need is highest, knowledge is also highest. Such is the case of Puerto Ricans. It is probable that in the face of high needs, Puerto Ricans have learned of the services that are available. On the other hand, as mentioned earlier, there remains the competing hypothesis that large cities such as New York may provide more services, publicize available services, etc. The extreme examples of subgroup variation are Puerto Ricans, with high knowledge (91.8 percent of the total group) and 87.9 percent with a need for services over and above what they currently use. Other Hispanics report only 75 percent with knowledge of social services, and 70 percent with unmet needs.

Perhaps the most interesting table is "C," because it delineates the relationship between need and use among the subgroups. A major objective of this study is to identify areas of high need where use is low. The discrepancy between use and need is highest among Other Hispanics, where 30.7 percent report that they need services but use none. The discrepancy between use and need is lowest among Puerto Ricans; but even in this group, 22 percent report needs for services where none is being used. Tables "C" also tell us the percentage of those who already use services but need more services. This information is to be located in the "Yes,Yes" cell of Tables "C." Puerto Ricans report the highest remaining needs (66.1 percent of the total), compared to 39 percent among Other Hispanics, which is the lowest. These findings suggest that the low use attributed to Other Hispanics is due at least partly to a combination of low knowledge and lower need.

The "between group" variation has been discussed and the differences in percentages noted. Table 8:15 indicates the significance level of z scores that measured the degree to which groups vary on knowledge, use, adequacy, and need. One point to note is that where knowledge is "yes," and there is no use, the similarities between groups are very high. Only one significant difference existed -- the difference between Mexican Americans and Puerto Ricans. This is shown in Table A. Mexican Americans had higher knowledge when there was no use than did Puerto Ricans. It will be recalled that Puerto Ricans are higher users than are Mexican Americans.

F. Important Determining Factors

Certain demographic, personal, and ethnic variables have been useful in the past in predicting both use and need. Less is known about the relationships of knowledge and evaluation of services. In this study, each of the dependent variables (knowledge, use, evaluation, and need) will be examined for effects by the following demographic, personal, and ethnic factors: age, sex, education, employment status, income level, church attendance, living arrangement, number of children, place of birth, age of immigration, and citizenship. The effects of the demographic variables within groups will be reported when significant at least at the .05 level; that is, when the relationship could not have happened by chance alone in more than 5 such samples out of 100.

1. Knowledge

It is interesting that age influences, or relates to, knowledge only among Mexican Americans. Table 8:16 shows effect of age on knowledge. For instance, at ages 55 through 59, an approximately equal number of older Mexican Americans have low and high knowledge of services. However, by the time they reach 75 years of age and over, the distribution has changed so that nearly two times as many are in the high knowledge group. This represents a considerable increase in knowledge. One would suspect that the increase in knowledge as Mexican Americans get older is related to increased need, but this explanation fails to account for the finding of "no relationship" between knowledge and age among other older Other Hispanic subgroups. Among older Cubans, Puerto Ricans, and Other Hispanics, knowledge of services is more randomly distributed by age, so that the younger and older have comparable knowledge.

Males and females have equal knowledge of services. Sex does not make a difference in degree of knowledge in any one of the ethnic groups. We know that older Mexican American females are the least educated group among the Hispanic population. The "equal knowledge" finding suggests that these females compensate in other ways so that their cumulative knowledge is equal to that of their male counterparts, who have more formal education. However, with regard to Puerto Ricans, those who are least educated (in terms of formal schooling) are the ones most knowledgeable about services. Again, one could guess that the least educated become more knowledgeable in response to higher need. We have seen that need is highest among Puerto Ricans.

Employment status is an important determiner of knowledge only among Cubans, where those who work, who are disabled, and who are retired have significantly more knowledge of social services than either the unemployed or housewives.

A significant relationship between family income and knowledge applies only in the Mexican American sample. Mexican American individuals with yearly family incomes below $3,000 tend to have high knowledge, while the proportion with high knowledge descreases with increased income.

The church is an important institution among Hispanics, especially for the older group. In many communities the church disperses information on health care and other services. Therefore, one could logically assume that individuals who attend church often would have more knowledge of community social services. However, this seems to be the case only among Mexican Americans and not among the other Hispanic subgroups. Older Mexican Americans who go to church weekly or more often are more knowledgeable than those who attend less than weekly.

One's living arrangement has been shown to have important consequences for various aspects of life. In this study, both Mexican Americans and Other Hispanics who live alone have significantly higher knowledge of social services than those found in other living arrangements. The reason for this finding is unclear, but it may be that those who live alone feel more acutely the responsibility for self-care, and in response they become knowledgeable about services in preparation for eventualities.

The number of children is a significant variable in predicting knowledge only among Mexican Americans. Those who have no children are more apt to be highly knowledgeable on community social services than those who have children. This is another bit of evidence suggesting that those without children must look out for themselves. The literature has shown that recent immigrants are less knowledgeable about the new environment, including services. This is especially true with Mexican Americans. According to this study, Mexican Americans who came to the United States by age 10 have high knowledge about the new environment, but the proportion with high knowledge decreases steadily as the age of immigration increases. For those who came to this country after age 50, knowledge is considerably lower. However, length of residence in this country does not affect knowledge among Cubans, Puerto Ricans, or Other Hispanics.

Among Mexican Americans, the place of birth is related to knowledge, in that those who are born in the United States are more knowledgeable than those born in Mexico. Among older Cubans, only 8 percent were born in the United States, which means that numbers are insufficient to support analysis with chi-square.

Knowledge is influenced by citizenship only among Mexican Americans, where those who have high knowledge are more than two times as apt to be citizens. This finding locates in the non-citizenship group a large proportion of the individuals who have no knowledge of social services.

2. Use

This report has already noted that older Hispanics vary on use of social services. It has been shown that Puerto Ricans use services proportionately more than any one of the remaining subgroups. The next logical question is:

How are these differences in use to be explained? In order to shed light on this question, each of the following variables has been examined in terms of possible influence on use of services. The variables are: sex, education, employment status, family income, living arrangement, number of children, church attendance, age of permanent residence in the U.S., citizenship, and place of birth. While causality cannot be assumed where relationships exist, still, the study of relationships is usually the antecedent to causal research. For the most part, only relationships that are significant at least at the .05 level will be reported.

There is a relationship between age and use among both Mexican Americans and Cubans. In each case, older individuals use services more. For example, among Mexican Americans, 66 percent of the 55-to-59 group use no services, compared to only 26.2 percent who use no services in the 75-and-over group. Among Cubans, the relative percentages are 67.6 percent of the 55-to-59 age group to 15.2 percent of the 74-and-over group who use no services. A profile provided at the end of this chapter will help to describe the high user of each ethnic group.

Sex does not differentiate the users of social services among older Hispanics, since males and females reported similar use. Education is related to use among Mexican Americans, Puerto Ricans, and Other Hispanics, where in each case, the least educated use social services the most.

One of the most important relationships is that found between employment status and use. Table 8:17 illustrates the variation among subgroups. The fully employed are generally the lowest users. But among both Puerto Ricans and Other Hispanics, part-time employed are the lowest users, in that they use no services at all. Across all subgroups, the disabled constitute the largest group of high users, followed by retired, housewives and the unemployed. However, it should be noted that within groups, the disabled are not always the highest users. Among Mexican Americans, the unemployed are the highest users. Among Cubans, retired individuals use services more than any other employment status group.

Family income is very important with relation to use of social services. Table 8:18 illustrates the linear negative relationship between use and income. As income level goes up, use decreases in proportion to increased income. Among Mexican Americans, when income reaches $5,000 per family per year, use drops by 65 percent from the below $5,000 per year use level. Cubans and Puerto Ricans in the $3,000-$4,999 bracket use more than those in the 0-$2,999 category. However, in today's marketplace, $5,000 is such a minimum family income that it is not especially helpful to know that Cubans with even lower incomes use fewer services.

Living arrangement is significant with respect to use only among Mexican Americans and Other Hispanics (see Table 8:19). Among these groups, use varies by living arrangement, though the particular living arrangement that produces high use differs except in case of those who live alone. Individuals who live alone are the high users. Among Other Hispanics, individuals living alone are 12 times as apt to be high users of services as those living with spouse or with others. Among Mexican Americans, those living with spouse make up the second largest percentage of high users, followed by those who live with others. Those older Mexican Americans who live with their children are the least apt to be high users of social services. Not only is there a highly significant difference within groups according to living arrangement and high use, but the difference between Mexican Americans and Other Hispanics who live alone and are high users is significant at the .001 level.

The number of children is important with respect to use among both Mexican Americans and Other Hispanics. In each instance, use is higher where there are no children or few children. Among Puerto Ricans and Cubans, the number of children is not related to use in any way.

Education is related to use among Puerto Ricans and Other Hispanics, where the least educated use services the most in both cases. No relationship between education and use emerged among either Mexican Americans or Cubans.

Ethnic indicators, such as age of permanent residency in the U.S., birthplace, and citizenship are not significantly related to use among any of the ethnic subgroups.

3. Adequacy

As mentioned earlier, the majority of social services were evaluated positively by individuals who used such services. Nevertheless, negative evaluations were forthcoming. Although the raw scores yielded small returns, insignificant in statistical terms, it is important to see whether those who evaluated services negatively have different characteristics from those who evaluated services positively.

As subgroups, Mexican Americans and Puerto Ricans were equally low in criticism, in that only 6 percent of the users in each group evaluated at least one service negatively. On the other hand, 14 percent of Other Hispanics and 18 percent of Cubans evaluated at least one service negatively.

The following demographic pattern emerged: Only in the Puerto Rican and Other Hispanics groups is age an important factor in satisfaction with services. Among both groups, the higher educated are inclined to be more critical of services.

It is interesting to find that sex is related to the evaluation of services. By contrast, sex is not important with regard to knowledge, use, or need. Among Mexican Americans, Cubans, and Other Hispanics, females are more apt to see services as inadequate. But among Puerto Ricans, the males are more critical. Among Mexican Americans, females are more likely to evaluate services negatively by a ratio of 60 to 40 percent.

Negative evaluators tend to cluster in specific employment statuses, which vary widely by group. This finding suggests that negative evaluations may be more related to the services offered, as identified by both geographic area and specific service, than to characteristics of the individual rendering the evaluation. For example, among Mexican Americans, the fully employed are the most critical; while among Cubans, the fully employed offered no criticism. Among Other Hispanics, the disabled and housewives tie in rendering high negative evaluations of social services.

The influence of income level seems to be that most negative evaluators have below $5,000 in annual family income. Among Mexican Americans and Other Hispanics, however, criticism comes from the $3,000-to-$10,000 group.

Concerning personal factors, living arrangement presents a confusing array of evidence that is difficult to interpret as it affects evaluation of services. Among both Mexican Americans and Other Hispanics, those most critical are apt to be those living with spouse and children. Among Puerto Ricans, those who live with others are most critical; and among Cubans, the ones who live alone are most critical. This evidence again suggests dissatisfaction with services.

It is also important to note that the number of children exerts an influence on whether or not services are perceived as adequate. Those who have eight or more children are most likely to be unhappy with current services. This is true in each subgroup except for Mexican Americans, where the number of children exerts no significant influence.

Church attendance is less among negative evaluators for both Cubans and Other Hispanics. Among Mexican Americans and Puerto Ricans, church is no indicator of use.

Ethnic characteristics among Hispanics do not seem to play an important part in distinguishing the individual who views services negatively, with the following exceptions: Mexican American and Puerto Rican negative evaluators are more apt to have come to the U.S. at an early age, while Other Hispanics came after the age of 50 years. Mexican Americans who were born in the U.S. give the most negative evaluations. Among Cubans and Other Hispanics, negative evaluators tend not to be U.S. citizens.

The random relationships emerging in this presentation of those who evaluate services negatively suggest that there is no identifiable prototype of the negative evaluator. Perhaps this means that future research should concentrate on evaluating the quality of specific services.

4. Need

Needs vary among the subgroups investigated in this study. The influences of demographic, personal, and ethnic variables also vary in the degree to which they are related to need.

For example, when we consider age, there is a direct positive relationship between age and need in Mexican American, Cuban, and Other Hispanic populations, though the effect is most pronounced among Mexican Americans. As age increases, needs increase. On the other hand, no relationship exists between age and need among older Puerto Ricans. Among Puerto Ricans 55 and over, the need for services is consistently high in all age groups, so that age as a predictor does not emerge.

The males and females of this study have very similar needs. Therefore, sex makes no difference in the perceived needs of individuals in any of the subgroups.

Education is very important in identifying those who have different needs among Mexican Americans and Other Hispanics, and to a lesser degree, Puerto Ricans. The highest needs are among the least educated, with the most educated perceiving pronounced fewer needs for social services. The picture is a little different among Cubans. First, there are fewer individuals in the lower educational categories, and second, the oldest Cubans are divided equally into low and high needs. The net effect is that education is not useful as a predictor of needs among Cubans.

Employment status shown in Table 8:20 is an important indicator of need, with considerable similarities between groups on high needs by employment status. Generally, full-time employees need social services the least. However, among Other Hispanics, part-time employees have fewer needs than those who work full-time. Fulltime Other Hispanic employees are the second-highest need group in terms of employment status. The disabled need the most services, followed by the retired, and housewives. The single largest need group is disabled Puerto Ricans, with 37.8% reporting high needs for social services.

The perceived needs of housewives present an interesting configuration. Needs are relatively high among Mexican Americans and Puerto Ricans, somewhat lower among Other Hispanics, and lowest (7.5 percent) among Cubans. In fact, Cuban women report needs that are approximately one-third those of either Mexican American or Puerto Rican women.

Table 8:21 illustrates the relationship between high need and income. The relationship maintains a similar form across groups, with the highest needs being reported by individuals in the $3,000-to-$4,999 bracket. With yearly incomes above $5,000, needs begin to decrease, and for those with incomes above $10,000 yearly, perceived needs are approximately one-fourth of those in the next lowest income category. The relationship between family income and perceived needs fails to assume a direct linear form because the very poorest (those with incomes below $3,000 per year) perceive fewer needs. These are surely the most

needy. One could guess that this group may not realize their relative deprivation. Alternatively, they may feel that it is useless to talk about needs. The finding that needs decreases with increased income suggests that individuals fulfill their own needs when resources are available, and that they seek outside intervention when personal resources are insufficient to meet actual needs.

It is also interesting to examine the relative effect of rising income on decreasing needs. Among Other Hispanics, the effect is strongest; needs decrease by 35 percent between the lowest and highest income levels. This compares with a 17 percent decrease among Cubans, a 24 percent decrease among Puerto Ricans, and a 21 percent decrease among Mexican Americans.

One's living arrangement has a significant effect on needs only among older Mexican Americans and Other Hispanics (See Table 8:22). Among Mexican Americans, fewer individuals who live with children have high needs, and needs are highest when the individual lives with spouse and children. This suggests that the older person who is head of a household where children are still present has an added burden of sharing a limited income, so that the result is unmet needs. The highest needs in the Other Hispanic group are among those who live alone (namely, 28.8%), followed by those who live with spouse and children, or those who live with others. Among Other Hispanics, the lowest need is among those who live with their spouse.

It seems that whether or not older Hispanics go to church does not affect their need for social services. According to this study, needs for social services are independent of church attendance.

Ethnic factors such as citizenship, age of immigration, and place of birth are factors that often influence perceived need for services. Analysis was performed on each of these factors to determine whether a relationship exists.

Table 8:23 shows the effect of citizenship in another country on needs. Cubans are the only older Hispanics where almost twice as many with high needs have citizenship in another country. Both Other Hispanics and Mexican Americans have approximately one-half as many members with high needs who are citizens of another country. The majority of the "high need" older Hispanics are citizens of this country.

The age at which a person came to the United States to stay is important in predicting needs among Cubans and Other Hispanics. Among Cubans, those who immigrated before age 10 have significantly fewer needs than those who came later. The Cubans who immigrated after age 50 constitute the high need group. Among Other Hispanics, the highest need group are individuals who came to this country between ages 11 and 25, followed by those who came between ages 26 and 50.

Place of birth, whether in the United States or another country, relates to need among Mexican Americans and Cubans only. Among Mexican Americans, those born in Mexico tend to have higher needs than those Mexican Americans born in the United States. Likewise, Cubans born in Cuba have higher needs than those born in the United States. However, the size of the Cuban group who are native-born is only 16; this group is too small to allow us to generalize with confidence.

G. Profiles

It has been shown that knowledge, use, adequacy, and needs vary among older Hispanics by demographic, personal, and ethnic characteristics. Because of the number of indicators considered, it becomes somewhat tedious to extract relevant information pertaining singly to knowledge, use, adequacy, or needs. The following profiles, therefore, are presented as a quick reference to the most salient identifying features of each group.

Since the purpose of this study is to examine non-use among those with high needs, the profiles will describe those with low knowledge, low use, and high needs. The negative evaluator will not be profiled at this point.

1. Mexican Americans

a. Low Knowledge

The older Mexican American who has low knowledge of social services can be described as a younger member of the older group, with family income below $3,000, who lives either with spouse or with spouse and children. He/she is apt to have eight or more children. Also, the low knowledge older Mexican American attends church less than weekly, and the probability is high that he/she came to this country after age 50. The country of birth was probably Mexico, and the individual is not presently a citizen of the United States.

b. Low User

Low Users are among the younger members of the group, are apt to be fully employed, and have incomes above $5,000 per year. Low users tend to have higher education, and the living arrangement is usually with spouse and children.

c. High Needs

The individuals with the highest needs are older, have less education, and either disabled or otherwise unemployed. Income is low; and the older individual is apt to live with spouse and children or alone, and to have been born in Mexico.

2. Cubans

a. Low Knowledge

The Cubans with low knowledge tend to be either unemployed or housewives. Among Cubans, none of the other factors emerged as indicators of knowledge.

b. Low User

Low users are younger and are inclined to be either retired or disabled, with very low incomes.

c. High Needs

The person with high needs is apt to be among the older individuals. Employment status is apt to be "disabled;" income is between $3,000 and $4,999; the person came to this country after age 50 and has retained citizenship in Cuba.

3. Puerto Rican

a. Low Knowledge

The older Puerto Rican who has low knowledge is apt to have higher education. No further indicators are available.

b. Low User

The older Puerto Rican who is a low user has higher income than others in the group.

c. High Needs

The older Puerto Rican with the highest needs has low education; the employment status tends most to be "housewife;" income is low; and the individual lives alone.

4. Other Hispanics

a. Low Knowledge

Other Hispanics who have low knowledge tend to live with spouse and children.

b. Low User

The low user tends to have a higher education and to be employed full-time; income is higher for the low user. There is a high probability that the low user lives with his or her spouse.

c. High Needs

The Other Hispanic who has high needs is apt to have low education; employment status is apt to be "disabled;" income is between $3,000 and $4,999 per year. The person lives alone. He/she came to the U.S. to reside permanently between the ages of 11 and 25, and is not a U.S. citizen.

A review of the profiles reveals that the person with low knowledge and low use may describe a similar population, in that this group tends to be younger, perhaps with somewhat higher income and somewhat higher education. The profile is quite different from that of the "high needs" person, who tends to be older, with employment status of disabled or retired; income is low, and the person is most apt to live alone. The latter profile epitomizes the individual in need of social services.

H. Summary

This chapter has analyzed the knowledge, use, adequacy, and need for social services by older Mexican Americans, Cubans, Puerto Ricans, and Other Hispanics. The analysis includes both specific social services and social services in general.

TABLE 8:1

PERCENT OLDER HISPANICS WHO REPORTED KNOWLEDGE OF SOCIAL SERVICE BY ETHNIC GROUP

Service*	Mexican American	Cuban	Puerto Rican	Other Hispanic
1. Medical Care	45.1	59.1	54.5	33.3
2. Food Stamps	71.7	77.5	79.4	60.1
3. Hot Meals	56.8	16.7	53.0	37.9
4. Transportation	43.1	35.9	46.6	29.8
5. Rent Assistance	21.9	26.8	26.6	11.6
6. Meals on Wheels	39.6	16.7	35.9	26.3
7. Recreation	41.6	19.7	49.8	33.3
8. Information on Available Helps	30.2	13.9	33.0	31.8
9. Tax Information	28.7	14.8	32.6	23.7
10. House Cleaning/Chores	23.0	10.0	37.3	21.7
11. Legal Help	27.8	11.5	37.8	21.2
12. Retirement Courses	15.9	13.9	22.6	12.1
13. Consumer Education	14.0	5.3	28.3	10.6
TOTAL N =	(1162)	(209)	(234)	(198)

*Categories are not mutually exclusive.

TABLE 8:2
SOCIAL SERVICES RANK ORDERED BY KNOWLEDGE BY ETHNIC SUBGROUP

Service		Mexican American	Cuban	Puerto Rican	Other Hispanic
1.	Medical Care	3	2	2	1*
2.	Food Stamps	1	1	1	1*
3.	Hot Meals	2	3	3	4
4.	Transportation	4	4	5	2
5.	Rent Assistance	11	5	12	7
6.	Meals on Wheels	6	7	8	5
7.	Recreation	5	6	4	6
8.	Information on Helps	7	9*	9	3
9.	Tax Information	8	8	10	9
10.	House Cleaning/Chores	10	11	7	10
11.	Legal Help	9	10	6	11
12.	Retirement Courses	12	9*	13	12
13.	Consumer Education	13	12	11	8
	TOTAL N =	(1162)	(209)	(234)	(198)

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*tied for position

Mexican Americans compared with Cubans $r_s = .83$, $P < .001$
Mexican Americans with Puerto Ricans $r_s = .89$, $P < .001$
Mexican Americans with Other Hispanics $r_s = .96$, $P < .001$
Puerto Ricans with Other Hispanics $r_s = .85$, $P < .001$
Cubans with Puerto Ricans $r_s = .65$, $P < .01$
Cubans with Other Hispanics $r_s = .74$, $P < .01$

TABLE 8:3

PERCENT KNOWLEDGE OF SOCIAL SERVICES BY NUMBER OF SERVICES BY ETHNIC SUBGROUP

Knowledge	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
0	16.3	10.6	8.2	24.7
1	8.3	11.1	8.6	11.6
2	10.9	18.3	9.0	12.6
3	10.4	23.1	8.6	7.1
4	9.1	8.7	11.6	11.6
5	7.1	10.1	10.3	5.6
6	7.8	6.3	7.3	6.6
7	7.0	5.8	10.3	4.5
8	4.8	1.0	3.9	5.1
9	5.7	1.9	6.4	3.0
10	4.3	.5	6.0	2.5
11	3.7	.5	.9	3.5
12	2.6	1.4	4.3	1.5
13	2.0	1.0	4.7	0.0
TOTAL N =	(1162)	(209)	(234)	(198)

Mexican American median knowledge = 3.97
Cuban median knowledge = 2.94
Puerto Rican median knowledge = 4.89
Other Hispanics median knowledge = 2.64

"Between group" significances, 0 knowledge:

Mexican Americans and Puerto Ricans	$P < .001$
Mexican Americans and Cubans	$P < .05$
Other Hispanics and Mexican Americans	$P < .01$
Other Hispanics and Puerto Ricans	$P < .001$
Other Hispanics and Cubans	$P < .001$

"Between group" significances, high knowledge (13 services):

Puerto Ricans and Cubans	$P < .01$
Puerto Ricans and Other Hispanics	$P < .001$

TABLE 8:4

PERCENT USE OF SOCIAL SERVICES* BY ETHNIC SUBGROUP

Service*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
1. Medical Care	26.8	37.3	36.3	20.2
2. Food Stamps	13.7	35.4	42.7	20.2
3. Hot Meals	12.4	6.2	12.8	6.6
4. Transportation	6.5	10.5	12.8	7.6
5. Rent Assistance	2.8	4.8	7.3	1.0
6. Meals on Wheels	4.5	1.9	7.3	2.0
7. Recreation	7.9	5.7	18.4	6.1
8. Information on Helps	6.4	5.7	9.8	9.6
9. Tax Information	6.3	2.4	9.0	4.5
10. House Cleaning/Chores	2.7	1.4	5.6	1.0
11. Local Help	2.8	2.4	7.3	2.0
12. Retirement Courses	2.2	3.8	5.6	2.0
13. Consumer Education	.8	2.4	5.6	2.0
TOTAL N =	(1162)	(209)	(234)	(198)

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*Categories are not mutually exclusive.

TABLE 8:5

SOCIAL SERVICES RANK ORDERED BY USE BY ETHNIC SUBGROUP

Services	Mexican American	Cuban	Puerto Rican	Other Hispanic
1. Medical Care	1	1	2	7*
2. Food Stamps	2	2	1	1*
3. Hot Meals	3	4	4*	4
4. Transportation	5	3	4*	3
5. Rent Assistance	10	6	7*	8*
6. Meals on Wheels	8	9	7*	7*
7. Recreation	4	5*	3	5
8. Information on Helps	6	5*	5	2
9. Tax Information	7	8*	6	6
10. House Cleaning/Chores	11	10	8*	8*
11. Legal Help	9	8*	7*	7*
12. Retirement Courses	12	7	8*	7*
13. Consumer Education	13	5*	8*	7*
TOTAL N =	(1162)	(209)	(234)	(198)

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*tied for position with at least one other variable

Mexican Americans compared with Cubans $r_s = .80$, $P < .001$
Mexican Americans with Puerto Ricans $r_s = .97$, $P < .001$
Mexican Americans with Other Hispanics $r_s = .87$, $P < .001$
Cubans with Puerto Ricans $r_s = .85$, $P < .001$
Cubans with Other Hispanics $r_s = .84$, $P < .001$
Puerto Ricans with Other Hispanics $r_s = .87$, $P < .001$

TABLE 8:6

PERCENT USE OF SOCIAL SERVICES
BY NUMBER OF SERVICES AND ETHNIC SUBGROUP

Use	Mexican American	Cuban	Puerto Rican	Other Hispanic
0	42.0	36.6	27.6	43.9
1	29.4	26.9	22.4	25.7
2	12.1	20.4	21.5	16.2
3	6.1	9.1	12.1	6.8
4	5.0	2.7	7.0	4.1
5	2.5	1.6	3.7	2.7
6	1.1	1.1	.5	0
7	.8	.5	1.4	.7
8	-	-	.9	-
9	-	1.1	.9	-
10	-	-	.9	-
11	.1	-	.5	-
12	.1	-	.5	-
13	.1	-	-	-
TOTAL N =	(1162)	(209)	(234)	(198)

Mexican American median use = .75
Cuban median use = 1.00
Puerto Rican median use = 1.50
Other Hispanics median use = .74

"Between group" significances, Knowledge of 4 or more social services:

Mexican Americans and Cubans	P< .001
Mexican Americans and Other Hispanics	P< .05
Puerto Ricans and Cubans	P<.001
Puerto Ricans and Other Hispanics	P< .001
Puerto Ricans and Mexican Americans	P< .001

TABLE 8:7

PERCENT NEGATIVE EVALUATIONS OF THOSE WHO EVALUATED SERVICES

Service	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Food Stamps	18% (39)	33.3% (25)	20.0% (20)	25.0% (10)
Medical	-*	28.2% (22)	-	17.5% (7)
Information	17.3% (13)	-	13.0% (3)	30.0% (6)
Transportation	25.7% (19)	-	-	-
Legal Helps	18.8% (6)	-	16.7% (3)	-
Rent Assistance	18.2% (6)	-	17.6% (3)	-

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*(-) indicates that the percentage was less than 9 percent.

TABLE 8:8

PERCENT NEED FOR SOCIAL SERVICES BY ETHNIC SUBGROUP

Service*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
1. Medical Care	51.6	57.7	65.2	49.7
2. Food Stamps	46.5	56.5	74.2	49.5
3. Hot Meals	33.3	19.6	40.6	29.8
4. Transportation	31.4	33.5	55.6	42.9
5. Rent Assistance	20.8	34.4	40.3	28.8
6. Meals on Wheels	22.8	17.2	40.6	29.3
7. Recreation	30.	34.	48.1	29.4
8. Information on Helps	35.	45.	52.4	41.4
9. Tax Information	19.1	17.2	30.9	22.2
10. House Cleaning/Chores	18.9	18.7	36.5	21.7
11. Legal Help	19.7	17.2	34.8	21.2
12. Retirement Courses	22.	16.7	27.4	20.3
13. Consumer Education	21.7	13.4	31.3	24.2
TOTAL N =	(1162)	(209)	(234)	(198)

*Categories are not mutually exclusive.

TABLE 8:9

SOCIAL SERVICES RANK ORDERED BY NEED BY ETHNIC SUBGROUP

Services	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
1. Medical Care	1	1	2	1*
2. Food Stamps	2	2	1	1*
3. Hot Meals	4	7	6*	4
4. Transportation	5	5	3	2
5. Rent Assistance	10	4	7	7
6. Meals on Wheels	7	9*	6*	5
7. Recreation	6	6	5	6
8. Information on Helps	3	3	4	3
9. Tax Information	12	9*	11	9
10. House Cleaning/Chores	13	3	8	10
11. Legal Help	11	9*	9	11
12. Retirement Courses	8	10	12	12
13. Consumer Education	9	11	10	8
TOTAL N =	(1162)	(209)	(234)	(198)

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*tied for position with at least one other variable

Mexican Americans compared with Cubans $r_s = 68$, $P < .01$
Mexican Americans with Puerto Ricans $r_s = 82$, $P < .001$
Mexican Americans with Other Hispanics $r_s = 87$, $P < .001$
Cubans with Puerto Ricans $r_s = 87$, $P < .001$
Cubans with Other Hispanics $r_s = 80$, $P < .001$
Puerto Ricans with Other Hispanics $r_s = 94$, $P < .001$

TABLE 8:10

PERCENT NEED FOR SOCIAL SERVICES BY NUMBER OF SERVICES BY ETHNIC SUBGROUP

Need	Mexican American	Cuban	Puerto Ricans	Other Hispanics
0	26.3	20.7	12.0	30.1
1	11.9	17.8	3.6	9.2
2	10.7	9.1	11.6	8.7
3	9.2	9.6	10.3	6.6
4	8.3	11.1	9.0	7.1
5	6.5	8.2	6.9	5.6
6	5.3	4.3	6.0	6.1
7	3.9	3.8	4.3	2.5
8	3.5	1.9	2.6	3.1
9	3.6	1.9	6.0	1.5
10	2.1	3.8	4.3	5.1
11	2.3	1.4	4.3	7.1
12	2.1	.5	6.0	4.6
13	3.7	5.8	11.2	2.6
TOTAL N =	(1162)	(209)	(234)	(198)

Mexican American median need = 2.68 services
Cuban median need = 2.75 services
Puerto Rican median need = 4.67 services
Other Hispanics median need = 2.81 services

"Between group" significances, need for social services:

Puerto Ricans and Other Hispanics	$P<.01$
Puerto Ricans and Cubans	$P<.001$
Puerto Ricans and Mexican Americans	$P<.001$

TABLE 8:11

KNOWLEDGE, USE, ADEQUACY, AND NEED AMONG MEXICAN AMERICANS

A

		Knowledge	
		No	Yes
Use	No	189 (16.3%)	414 (35.6%)
	Yes	0	560 (48.0%)

N = 1161

B

		Knowledge	
		No	Yes
Need	No	103 (9.0%)	199 (17.3%)
	Yes	85 (7.5%)	762 (66.2%)

N = 1149

C

		Need	
		No	Yes
Use	No	277 (24.1%)	320 (27.8%)
	Yes	25 (2.1%)	527 (45.8%)

N = 1149

D

		Adequacy	
		No	Yes
Use	No	0	0
	Yes	33 (5.9%)	526 (94.1%)

N = 559

TABLE 8:12
KNOWLEDGE, USE, ADEQUACY, AND NEED AMONG CUBANS

A

		Knowledge	
		No	Yes
Use	No	22 (10.6%)	68 (32.7%)
	Yes	0	118 (56.7%)

N = 208

B

		Knowledge	
		No	Yes
Need	No	14 (6.7%)	29 (13.9%)
	Yes	9 (3.9%)	156 (75.5%)

N = 208

C

		Need	
		No	Yes
Use	No	40 (19.2%)	50 (24.1%)
	Yes	3 (1.4%)	115 (55.3%)

N = 208

D

		Adequacy	
		No	Yes
Use	No	0	0
	Yes	21 (17.8%)	97 (82.2%)

N = 118

TABLE 8:13

KNOWLEDGE, USE, ADEQUACY, AND NEED AMONG PUERTO RICANS

A

		Knowledge	
		No	Yes
Use	No	19 (8.2%)	59 (25.3%)
	Yes	0	155 (66.5%)

N = 233

B

		Knowledge	
		No	Yes
Need	No	9 (3.9%)	19 (8.2%)
	Yes	10 (4.3%)	195 (83.6%)

N = 233

C

		Need	
		No	Yes
Use	No	27 (11.6%)	51 (22.0%)
	Yes	1 (.4%)	154 (66.1%)

N = 233

D

		Adequacy	
		No	Yes
Use	No	0	0
	Yes	10 (6.5%)	145 (93.5%)

N = 155

TABLE 8;14

KNOWLEDGE, USE, ADEQUACY, AND NEED AMONG OTHER HISPANICS

A

	Knowledge	
Use	No	Yes
No	49 (24.9%)	65 (33.0%)
Yes	0	83 (42.2%)

N = 197

B

	Knowledge	
Need	No	Yes
No	22 (11.2%)	37 (18.9%)
Yes	27 (13.8%)	110 (56.2%)

N = 196

C

	Need	
Use	No	Yes
No	54 (27.7%)	60 (30.7%)
Yes	5 (2.6%)	76 (39.0%)

N = 195

D

	Adequacy	
Use	No	Yes
No	0	0
Yes	12 (14.5%)	71 (85.5%)

N = 83

TABLE 8:15

SELECTED SIGNIFICANT RELATIONSHIPS BETWEEN GROUPS

Table A
Knowledge and Use

1. Knowledge Yes, Use No:

Mexican Americans and Puerto Ricans	$P < .001$

2. No Knowledge, No Use:

Other Hispanics and Puerto Ricans	$P < .001$
Other Hispanics and Mexican Americans	$P < .001$
Mexican Americans and Puerto Ricans	$P < .001$
Mexican Americans and Cubans	$P < .01$
Other Hispanics and Cubans	$P < .001$

3. Knowledge Yes, Use Yes:

Cubans and Other Hispanics	$P < .01$
Puerto Ricans and Other Hispanics	$P < .001$
Puerto Ricans and Cubans	$P < .05$
Puerto Ricans and Mexican Americans	$P < .001$
Cubans and Mexican Americans	$P < .05$

Table B
Knowledge and Need

1. Knowledge No, Need Yes:

Mexican Americans and Puerto Ricans	$P < .05$
Mexican Americans and Cubans	$P < .05$
Mexican Americans and Other Hispanics	$P < .001$
Other Hispanics and Cubans	$P < .001$
Other Hispanics and Puerto Ricans	$P < .001$

Table C
Need and Use

1. Need Yes, Use No:

Other Hispanics and Puerto Ricans	$P < .05$

Need Yes, Use Yes:

Mexican Americans and Other Hispanics	P n.s.
Puerto Ricans and Other Hispanics	$P < .001$
Cubans and Other Hispanics	$P < .001$
Puerto Ricans and Cubans	$P < .05$
Puerto Ricans and Mexican Americans	$P < .001$
Cubans and Mexican Americans	$P < .05$

Table D
Adequacy and Use

1. Adequacy No, Use Yes:

Cubans and Other Hispanics	P n.s.
Cubans and Puerto Ricans	$P < .01$
Cubans and Mexican Americans	$P < .001$
Other Hispanics and Mexican Americans	$P < .05$

TABLE 8:16

MEXICAN AMERICANS

PERCENT KNOWLEDGE BY AGE

Age	Knowledge				
	None	Low	Medium	High	Totals
55 - 59	23.6	23.9	28.2	24.3	100.0%
60 - 64	11.5	20.1	33.5	34.9	100.0%
65 - 69	13	13.6	38.9	34.6	100.1%*
70 - 74	16.8	16.3	34.2	32.6	99.9%*
75 - Over	14.4	17.8	41.1	26.7	100.0%
TOTAL N =	(1161)				

Chi-square = 38.06, df = 12, $P < .001$

*Totals do not equal exactly 100% because of rounding.

263

TABLE 8:17

PERCENT HIGH USE BY EMPLOYMENT STATUS BY ETHNIC SUBGROUP

Employment Status	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Full Time	1.3%	-**	1.6%	4.8%
Part Time	6.5%	3.3%	-	-
Unemployed	9.8%	10.0%	6.6%	9.5%
Disabled	22.2%	33.3%	39.3%	42.9%
Retired	33.3%	43.3%	34.4%	23.8%
Housewife	26.8%	10.0%	18.0%	19.0%
TOTALS	99.9%*	99.9%*	99.9%*	100.0%
TOTAL N =	(971)	(186)	(214)	(148)

"Within group" relationships between Use and Employment Status:

Mexican Americans	chi-square = 95.28, df = 10 $P < .001$
Cubans	chi-square = 53.74, df = 10 $P < .001$
Puerto Ricans	chi-square = 21.69, df = 10 $P < .05$
Other Hispanics	chi-sqaure = 31.29, df = 10 $P < .001$

*Percentages do not equal exactly 100 because of rounding.

**Indicates less than .5%.

TABLE 8:18

PERCENT HIGH USE BY INCOME BY ETHNIC SUBGROUP

Family Income	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
0 - $2,999	44.7%	31.0%	31.1%	42.9%
$3,000 - $4,999	40.0%	58.6%	57.4%	42.9%
$5,000 - $9,999	14.7%	10.3%	8.2%	9.5%
$10,000 and Over	.7%	-*	3.3%	4.8%
TOTALS	100.1%**	99.9%**	100.0%	100.1%**
TOTAL N =	(949)	(182)	(212)	(145)

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*Indicates less than .5%.
**Totals do not equal exactly 100% because of rounding.

Relationships between Use and Family Income:

Mexican Americans chi-square = 109.45, df = 6 $P < .001$
Cubans chi-square = 48.55, df = 6 $P < .001$
Puerto Ricans chi-square = 25.51, df = 6 $P < .001$
Other Hispanics chi-square = 28.96, df = 6 $P < .001$

TABLE 8:19

PERCENT HIGH USE BY LIVING ARRANGEMENT BY ETHNIC SUBGROUP

Living Arrangement	Mexican Americans	Other Hispanics
Alone	42.2%	66.7%
Other	11.0%	4.8%
Children	8.4%	14.3%
Spouse	29.2%	4.8%
Spouse and Child/ren	9.1%	9.5%
TOTALS	99.9%*	100.1%*
TOTAL N =	(972)	(148)

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*Totals do not equal exactly 100% because of rounding.

Relationship between use and living arrangement within group:

Mexican Americans chi-square = 48.26, df = 8 $P < .001$
Other Hispanics chi-square = 38.62, df = 8 $P < .001$

"Between group" significance:

Live alone:
Other Hispanics and Mexican Americans $Z = 5.65$ $P < .001$

TABLE 8:20

PERCENT HIGH NEED BY EMPLOYMENT STATUS BY ETHNIC SUBGROUP

Employment Status	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Full Time	6.6%	7.5%	4.4%	17.3%
Housewife	22.5%	7.5%	23.3%	11.5%
Retired	29.9%	35.0%	26.7%	15.4%
Part Time	8.6%	5.0%	1.1%	7.7%
Unemployed	9.4%	12.5%	6.7%	11.5%
Disabled	23.0%	32.5%	37.8%	36.5%
TOTALS	100.0%	100.0%	100.0%	99.9%
TOTAL N =	(1148)	(208)	(233)	(196)

Within group significances:
Relationship between Need and Employment Status:

Mexican Americans	chi-square = 66.20, df = 15 $P < .001$
Cubans	chi-square = 59.82, df = 15 $P < .001$
Puerto Ricans	chi-square = 27.92, df = 15 $P < .05$
Other Hispanics	chi-square = 31.44, df = 15 $P < .01$

TABLE 8:21

PERCENT HIGH NEED BY INCOME BY ETHNIC SUBGROUP

Yearly Family Income	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
0 - $2,999	28.3%	22.5%	28.9%	43.1%
$3,000 - $4,999	34.6%	42.5%	45.6%	31.4%
$5,000 - $9,999	30.0%	30.0%	21.1%	17.6%
Over $10,000	7.1%	5.0%	4.4%	7.8%
TOTALS	100.0%	100.0%	100.0%	99.9%*
TOTAL N =	(1121)	(201)	(231)	(191)

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*Total does not equal exactly 100% because of rounding.

"Within group" significance:

Mexican Americans	chi-square = 76.32, df = 9	$P < .001$
Cubans	chi-square = 37.20, df = 9	$P < .001$
Puerto Ricans	chi-square = 21.47, df = 9	$P < .01$
Other Hispanics	chi-square = 50.12, df = 9	$P < .001$

TABLE 8:22

PERCENT HIGH NEED BY LIVING ARRANGEMENT BY ETHNIC SUBGROUP

Living Arrangement	Mexican Americans	Other Hispanics
Spouse	21.7%	15.4%
Children	9.0%	17.3%
Spouse Child/ren	29.5%	19.2%
Alone	22.5%	28.8%
With Others	17.2%	19.2%
TOTALS	99.9%*	99.9%*
TOTAL N =	(1149)	(196)

Relationships between needs and living arrangements.

Significance between groups:

Mexican Americans chi-square = 34. 0, df = 12 $P < .001$
Other Hispanics chi-square = 28.29, df = 12 $P < .01$

*Totals do not equal exactly 100% because of rounding.

26J

TABLE 8:23

PERCENT HIGH NEED FOR SERVICES BY CITIZENSHIP BY ETHNIC SUBGROUP

Citizenship	Mexican American	Cuban	Other Hispanic
U.S.	60.2%	35.0%	65.4%
Other	39.8%	65.0%	34.6%
TOTALS	100.0%	100.0%	100.0%
TOTAL N =	(1149)	(208)	(196)

"Within group" significances:
Relationships between needs and citizenship:

Mexican American	chi-square = 8.79, df = 3	$P<.05$
Other Hispanic	chi-square = 33.26, df = 3	$P<.001$
Cubans	chi-square = 9.88, df = 3	$P<.02$

Puerto Ricans who are not U.S. citizens were too small a group to analyze.

IX. HOUSING/CRIME

A. Housing

According to the U.S. Department of Housing and Urban Development (1976), age is not an important factor in housing quality. What counts most are race and ethnicity, and whether there is a one person or multi-person household. Among older Hispanics with households headed by a female, the probability of substandard housing is highest when the household is multi-person. On the other hand, when the household is headed by a male, the probability of substandard housing is highest when it is a one person household. Older Hispanic males have the highest risk of living in inadequate housing.

The Annual Housing Survey lists objective criteria against which housing can be judged for adequacy. Below are listed a few of the many defects that constitute inadequate housing:

1. Plumbing: Unit lacks or shares complete plumbing (hot and cold water, flush toilet, and bathtub or shower inside the structure)
2. Kitchen: Unit lacks or shares a complete kitchen (installed sink with piped water, a range or cookstove, and mechanical refrigerator -- not icebox)
3. Absence of public sewer, septic tank, cesspool, or chemical toilet
4. Heating: No means of heating; or unit is heated by unvented room heaters burning gas, oil, or kerosene; or unit is heated by fireplace, stove, or portable room heater

These defects are only some selected factors that render housing inadequate, according to the Department of Housing and Urban Development.

271

According to Bell (1976), the quality of housing for Mexican Americans over 60 varies greatly by geographic region. It is best in the West and worst in the South. Bell estimates that substandard housing tends to be two or three times as great among Mexican Americans as among Anglos.

The question of home ownership is an important one for the elderly. Most individuals who inhabit the central cities are renters. According to Cantor, Rosenthal and Mayer, 70 percent of households in New York City with heads of household age 65 and older are renters. Nearly one-fifth of all rental units in New York City are occupied by the elderly.

Duran (1975) maintains that newcomers to urban industrial areas often find that the squalor of housing in the barrios matches or exceeds that of the agricultural migrant camps they left behind. Moore and Cuellar (1970) indicate that more than 33 percent of all Mexican American families living in urban areas of the Southwest dwell in substandard, overcrowded housing, compared to 8 percent of Anglo families. In the Mexican American community, there is seven times more dilapidated housing than in the Anglo community.

Perhaps the most detailed study of housing among Mexican Americans has been done by Carp (1969). Carp found that, in general, the residents whom she interviewed in San Antonio, Texas, evaluated their dwellings more positively than negatively. Only 15 percent of them indicated an interest in moving. Carp suggested that poor communication may have been a reason for very low interest by older Mexican Americans in a new high-rise housing complex in San Antonio. We have information from specific studies done in different parts of the country on older Hispanics (mostly older Mexican Americans), but we have not had, until now, sufficient data to support information on housing among older Hispanics in general.

1. Mobility of Older Hispanics

Table 9:1 shows older Hispanics' length of residency in their neighborhood. This can be understood best in conjunction with the age at which the older Hispanic came to the United States. Table 5:11 shows that while 54.6 percent of older Mexican Americans were born in the United States, only 7.7 percent of the Cubans and 1.3 percent of the Puerto Ricans were born here. Most Cubans (57.5 percent) came to this country after age 50, and 60.7 percent of Puerto Ricans came between the ages of 26 and 50. Accordingly, very few older individuals in either of these ethnic subgroups have lived in their neighborhood for 36 or more years. Carp (1972) has noted that it is difficult to break the poverty cycle, that persons who dwell in the ghetto tend to carry out their lives within the confines of that geographic area, and that they tend not to go frequently into other parts of the city.

When asked whether they plan to move within the next year, 14.5 percent of the Puerto Ricans, 12.1 percent of the Other Hispanics, 10 percent of the Cubans, and 6.4 percent of the Mexican Americans answered affirmatively, as indicated in Table 9:2. While more than one reason often was given for planning to move, "present home is too expensive" received the highest number of responses among Mexican Americans, Cubans, and Other Hispanics. Among Puerto Ricans, "house in poor condition" and "neighborhood not safe" each were cited by 6.4 percent of the individuals. Puerto Ricans were more apt to name multiple reasons for moving, and this subgroup was also more likely to designate "inconvenient location" and "neighborhood is dirty" as reasons for planning to move. Table 9:3 shows that while "unfriendly neighbors" is not often a reason for planning to move, 3 percent of the Puerto Ricans do cite this as a cause to move.

Most people in all subgroups do not plan to move. Table 9:4 illustrates the reasons given for not moving. These data indicate that the two primary reasons are "neighbors are friendly" and "convenient location." Both Mexican Americans (81.7 percent) and Other Hispanics (77.8 percent) are more apt to report they plan to stay in the neighborhood because of friendly neighbors. Cubans and Puerto Ricans name most often "convenient location." Mexican Americans appear to be most influenced by "neighborhood near friends and relatives." It should be noted that more than one-fourth of the individuals in each group report that they "can't afford to move." Also, approximately one-fifth of the older individuals suggest they will not move because there is "no help with moving." Table 9:4 suggests many positive features of present housing that prompt people not to consider a move, including pleasant neighbors and convenient location. On the other hand, one could argue that those who indicate that the reason for not moving is "can't afford to move" and those who report "no help with moving" do constitute a group who voices strong dissatisfaction with certain aspects of present housing. The suggestion is that there are many more dissatisfied residents than those who plan to move. Preliminary attempts to identify the individuals who reported they would not move because "there was no one to help" or "can't afford to move" have met with no success. One attempt was to determine whether individuals in either of the two categories above had also indicated "house in poor condition," or "inconvenient location" (which seemed to us to be highly justifiable reasons to want to move). Neither of the latter two negative evaluations of housing conditions had been given by either those who did not move because there was "no help with moving" or those who cited "can't afford to move." The desire to move (if there is one) is unclear in this instance.

2. Type/Location of Residences

Table 9:5 indicates the rural/urban distribution of the sample. Both Cubans and Puerto Ricans were 100 percent urban; Mexican Americans were 20 percent rural and 80 percent urban; and Other Hispanics were 16 percent rural to 84 percent urban.

Older Hispanics live in many types of dwelling, ranging from the single-family dwelling to multiple-unit apartment buildings. The variety represented by the sample, and the percentage living in each type, are shown in Table 9:6. Mexican Americans overwhelmingly live in single dwellings (80 percent). The single-family dwelling is also the modal living arrangement of Other Hispanics (55 percent) and Cubans (43 percent). Only Puerto Ricans are more apt to live in apartment buildings that have 19 units or more. Very few older Hispanics live in townhouses -- only 2 percent of Mexican Americans and 2 percent of other Hispanics. Mobile homes are also used very little by older Hispanics. The type of living accommodation, when one is provided a preference, probably reflects the realities of the place where one resides and one's culture. For instance, if one lives in New York, the residence will probably be a multiple unit irrespective of desire or cultural background. Mexican Americans are more likely to have rural backgrounds, and when mobility has been a factor, they seem to have moved where single-family living can be maintained.

3. Housing Expenses

Table 9:7 shows that 55 percent of Mexican Americans own their home outright. This compares with 15 percent of Cubans, 7 percent of Puerto Ricans, and 33 percent of Other Hispanics. Among Mexican Americans, another 12 percent currently are buying their home. This amounts to 67 percent of Mexican Americans who are homeowners. Other Hispanics are the second largest group to be homeowners, in that 45 percent either own their home outright or are buying it. Puerto Ricans are least apt to own their own home; only 12 percent are either presently buying a home or own one outright. Table 9:7 also indicates that the tendency of Mexican Americans toward home ownership is significant. Mexican Americans are significantly more likely to own their own home than either Cubans, Puerto Ricans, or Other Hispanics.

Table 9:7 shows the percentage of older Hispanics who either pay rent or have other living arrangements. Of all the groups, Other Hispanics are somewhat more apt to have other arrangements (11 percent), followed by Cubans (8 percent), Mexican Americans (6 percent), and Puerto Ricans (5 percent). Among Puerto Ricans, 83 percent pay rent, compared to 67 percent of Cubans, 44 percent of Other Hispanics, and 27 percent of Mexican Americans who pay rent.

Monthly housing costs are a major expense for many individuals. They result in a major hardship for many older persons living on fixed and/or inadequate incomes. Table 9:8 shows older Hispanics' monthly expenditure for housing, both mortgage payments and rent. It is interesting to note that those who are buying a house are in each case making larger monthly payments than those who rent. The differential between buyers and renters in terms of monthly payments is greatest among Puerto Ricans and least among Mexican Americans. Puerto Ricans who are buying a house pay an average of $96 more per month than those who rent. This compares to an average of $19 more among Mexican Americans. This finding furnishes one plausible explanation as to why Puerto Ricans rent. Where income is low or very low, $96 per month is a relatively large additional monthly output -- reasonably sufficient to discourage home ownership.

Table 9:9 shows the distribution of those who pay all the rent, either individual or spouse and individuals, and those who only contribute to the rent. Mexican Americans are the most apt to pay all the rent, and Cubans are least likely to pay the entire amount. 41.1 percent of Cubans contribute to the rent instead of paying the entire amount. This compares with 16.9 percent of Mexican Americans, 29.9 percent of Other Hispanics, and 31.3 percent of Puerto Ricans.

Table 9:10 indicates the extent to which Older Hispanics either live in public housing or receive rent subsidies. The evidence is that they do not participate substantively in either program. The highest participation in public housing involves Puerto Ricans, 10.7 percent of whom report residing in public housing. This compares to 4 percent of other Hispanics, 2 percent of Mexican Americans, and no Cubans. One factor for which the study does not control is availability. It is suspected that availability is an important factor in choice of living accommodations.

Cubans are the most apt to receive rent subsidies. However, only 6 percent report that they receive subsidies. The other Hispanic groups participate even less, with both Other Hispanics and Mexican Americans reporting a 1 percent participation rate.

4. Adequacy of Dwelling

It is somewhat surprising to note that a relatively small proportion of homes lack at least one of the following: piped hot and cold water, flush toilet, or bathtub or shower. Table 9:11 shows that the highest inadequacy is among Mexican Americans, where 6.9 percent did not have at least one of these structural features. In addition, 4.7 percent of Puerto Ricans lacked at least one feature, followed by 3 percent of Other Hispanics and 1 percent of Cubans. The data were analyzed to determine whether plumbing adequacy varied by urban/rural location. Among both Mexican Americans and Other Hispanics (the only two subgroups to contain rural samples), urban dwellers were slightly more apt than rural dwellers to report a plumbing inadequacy. However, the difference was not significant in either case (table not reproduced). According to the Department of Housing and Urban Development (1976), 4.6 percent of the housing of the elderly has plumbing flaws. Using this figure as a guide, we could estimate that the proportion of Puerto Ricans who reside in housing with flawed plumbing is comparable to that of the national average for the elderly; that the residences of Other Hispanics and Cubans have somewhat more adequate plumbing than the national average; but that Mexican Americans have more inadequate housing in terms of plumbing basics.

One other attempt to tap the adequacy or inadequacy of housing in this study was to ask residents whether their living quarters needed any repairs. As mentioned before, a number of other items (as well as plumbing) are sufficient to render housing inadequate, according to the United States Department of Housing and Urban Development (1976). Table 9:12 indicates the outcome of responses of older Hispanics. Older Hispanics report that their homes are most in need of paint, followed by ceiling, roof or wall repairs. It will be noted that priorities roughly paralleled each other, though there is a certain amount of variation. The highest percentages of perceived needed repairs come from Other Hispanics and Puerto Ricans. Painting is more likely to be needed most among Other Hispanics -- as are ceiling, roof and wall repair, plumbing, and floor repairs. Mexican Americans are the most probable of all the groups to require heating. Puerto Ricans are most apt to require extermination services and electrical work. Cubans have fewer inadequacies than any of the other groups. The adequacy or inadequacy of the housing of older Hispanics remains to be analyzed thoroughly. We can surmise from the data presented that considerable inadequacy exists, with Other Hispanics reporting the most deficiencies, followed by Puerto Ricans, Mexican Americans, and Cubans.

B. Crime

The literature on crime against the elderly is somewhat limited, though we can presume from media coverage that a grave problem exists. In addition, the United States Department of Health and Human Services (formerly Health, Education, and Welfare) has issued a fact sheet (77-20223) called "Sources of Information about and Descriptions of Crime Prevention Programs for the Elderly." The Bureau of Census's Current Population Reports (1978) noted that those households maintained by a person 65 years and over were victimized to a lesser extent that households in general for each of three households crimes considered; namely, burglary, household larceny, and motor vehicle theft. This informs us that the aged are somewhat less involved than others in household-type crimes.

The literature on crime and older Hispanics, is even more sparse. In a study of transportation participation by older Mexican Americans, Newquist and Torres-Gil (1975) concluded that in regard to problems due to crime, dramatic sex differences were found. Fifty percent of the women said they had problems getting around due to crime. This compared to only 18 percent of men who reported having these problems. Finally, Bengston (1976) reported the following:

> In general, the oldest segments (65-74) of the three ethnic subsamples do not report greater problems with crime than the middle-aged segments. Moreover, it is the higher SES (socioeconomic status) categories of Mexican Americans and Whites, [illegible] several instances, who report the greatest difficulty in these two ethnic groups. These findings suggest that shared perceptions of problems may not always correspond to actual magnitude of problems relative to other segments of society. These categories of persons report the greatest overall feelings of fear: women more than men, by a 3 to 1 ratio; low SES more than high SES; oldest Blacks more than any other ethnic-age category; female Whites more than any other ethnic-sex category.

In this study, older Hispanics were asked whether they had been the victim of a crime or physical assault during the past year. Table 9:13 indicates the percentage who answered "yes." Six percent of Puerto Ricans reported a crime of assault, compared to 5 percent of Mexican Americans, 4 percent of Other Hispanics, and 2.4 percent of Cubans. The percentages were somewhat lower than expected. These data were analyzed in terms of age, and age was found to be unrelated. Among Mexican Americans, Puerto Ricans, and Other Hispanics, there was a tendency for the younger to be victims more often, and among Cubans, victims were more often the older ones. However, none of the differences was statistically significant.

Table 9:14 identifies types of crimes. Mexican Americans were most often victims of housebreaking, and Puerto Ricans and Other Hispanics were most often victims of pickpockets. According to Newquist and Torres-Gil, the role of the woman in the Hispanic culture requires that she stick close to home. Perhaps street crimes against older women are low because they do not risk unprotected street travel. On the other hand, perhaps Bengston is correct in guessing that crime may have been overestimated in this area.

When Older Hispanics were asked to name their most serious problem, crime was seldom mentioned. No Mexican Americans named crime, and less than 1 percent of Puerto Ricans did so. One percent of Other Hispanics named crime as their number one problem, and 2 percent of Puerto Ricans named it thus. The type of crime most named was "fear of street crime." Within the list of concerns and problems with which older Hispanics must deal, crime seems to have a low priority.

C. Summary and Conclusion

This chapter has described several aspects of housing among older Hispanics. The conclusion is that among older Hispanics, Mexican Americans express the least geographic mobility of any of the four ethnic subgroups. Twenty-four percent of Mexican Americans have lived for 36 years or more in the same neighborhood. This compares to 1.4 percent of Cubans and 4.27 percent of Puerto Ricans. We do not know whether long-term residency in a neighborhood is related to health, but we do know that moving is a stress, and stress is related to illness in varied forms. Mexican Americans do report both fewer diseases and lower disability than any of the other ethnic groups.

Puerto Ricans are the most apt to be planning to move, and reasons most often given by Puerto Ricans for moving include: "house in poor condition," "too much noise here," and "neighborhood unsafe." Mexican Americans are the least likely to move, and their main reasons for remaining are "convenient location," "attached to home," "neighbors are friendly," and "neighborhood near relatives and friends." These data suggest that with regard to housing and Mexican Americans and Other Hispanics, health more likely would be maintained by repairing or replacing present residences than by encouraging moves to other areas.

Cubans and Puerto Ricans are urban dwellers, while 20 percent of the Mexican American sample and 16 percent of the Other Hispanic sample live in rural areas. According to criteria for judging adequacy of housing used in this study, adequacy did not vary by urban/rural designation. Single dwellings are most often the residences of Mexican Americans, Cubans, and Other Hispanics, while Puerto Ricans are more apt to live in large apartment buildings.

Mexican Americans seem to fare the best in the cost of housing. No matter whether Mexican Americans are buying or renting, their housing costs are below those in the other ethnic subgroups. Mexican Americans are most apt to own their own home -- almost 8 times as likely to own as Puerto Ricans. Of all the subgroups, Puerto Ricans are the most likely to live in public housing. Cubans participate more in rent subsidy programs. These two indicators point to high need among Puerto Ricans and Cubans.

Although Mexican Americans are most apt to own their own home, they report the most inadequate plumbing of any group. This is another indicator that repairs and upgrading are needed. Other Hispanics report the most needed repairs to residences.

The crime reported in this study did not meet the expectations based on media coverage. Older Hispanics do not usually name crime as a serious problem. The highest percentage of crime was reported by Puerto Ricans who had been victims of pickpockets. This observation does not imply that crime against the elderly does not happen. It obviously does. But older Hispanics do not view it as a major priority in their daily lives.

Chapter X will investigate employment, income, and transportation as they relate to older Hispanics.

TABLE 9:1

LENGTH OF RESIDENCY IN NEIGHBORHOOD BY ETHNIC SUBGROUP

Years of Residency	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
5 years or less	18.6	50.2	21.4	27.8
6 through 19 years	29.8	41.6	39.7	34.3
20 through 35 years	27.7	6.7	34.6	17.7
36 or more years	23.6	1.4	4.3	20.2
TOTALS	99.7*	99.9*	100	100
TOTAL N =	(1162)	(209)	(234)	(198)

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*Total does not equal exactly 100 because of rounding error.

TABLE 9:2

PERCENT WHO PLAN TO MOVE WITHIN THE NEXT YEAR BY ETHNIC SUBGROUP

Plan to move?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Yes	6.4%	10%	14.5%	12.1%
TOTAL N =	(1163)	(209)	(234)	(198)

TABLE 9:3

REASONS REPORTED FOR MOVING BY ETHNIC SUBGROUP

Reasons*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Present home too expensive	3.1	6.7	4.7	6.1
House in poor condition	2.5	2.4	6.4	4.0
Too much noise here	2.1	1.9	6.0	2.0
Unfriendly neighbors	.9	-	3.0	1.0
Neighborhood not safe	1.6	1.4	6.4	4.0
Landlord requested I move	.8	-	1.3	2.5
Property being torn down	.4	.5	2.1	1.5
No relatives/ friends nearby	1.5	1.0	3.4	1.5
Inconvenient location	1.6	1.4	5.1	2.5
Neighborhood is dirty	1.1	1.4	5.1	1.5
Other	2.0	3.8	1.7	2.5
TOTAL N =	(1162)	(209)	(234)	(198)

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*Reasons reported are not mutually exclusive.

TABLE 9:4

REASONS REPORTED FOR NOT MOVING BY ETHNIC SUBGROUP

Reasons*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Neighborhood near relatives and friends	73.1	59.8	54.3	65.7
Conveniently located	79.9	76.1	68.4	76.8
Neighbors are friendly	81.7	70.3	64.5	77.8
Attached to home	75.6	58.4	60.3	74.2
Can't afford to move	27.4	26.3	28.2	30.8
No help with moving	17.2	17.2	16.2	19.7
Other	7.5	15.3	3.4	9.1
TOTAL N =	(1162)	(209)	(234)	(198)

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*Reasons given are not mutually exclusive.

TABLE 9:5

RURAL - URBAN DESIGNATION OF DWELLINGS BY ETHNIC SUBGROUP

	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Urban	80% (N=935)	100% (N=209)	100% (N=234)	84% (N=166)
Rural	20% (N=226)	-	-	16% (N=32)
TOTALS	100%	100%	100%	100%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 9:6

TYPES OF DWELLINGS IN WHICH OLDER HISPANICS LIVE BY PERCENTAGE WHO LIVE IN EACH TYPE

Type	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Single dwelling	80%	43%	12%	55%
Townhouse	2%	-	-	2%
Single apartment over garage	-	5%	1%	3%
Duplex	6%	13%	6%	6%
Triplex or fourplex	4%	2%	7%	6%
Apartment, 5 - 9 units	4%	13%	24%	10%
Apartment, 10 - 19 units	1%	11%	12%	3%
Apartment, 19 units or larger	2%	10%	37%	13%
Mobile home	1%	-	1%	2%
House on farm	-	-	-	1%
Missing value		3%		
TOTALS	100%	100%	100%	101%*
TOTAL N =	(1162)	(209)	(234)	(198)

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*Due to rounding, total does not equal exactly 100%.

TABLE 9:7

HOUSING ARRANGEMENTS BY ETHNIC SUBGROUP

Housing Arrangement	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Own home outright	55%	15%	6%	33%
Have mortgage payments	12%	10%	5%	12%
Pay rent	27%	67%	83%	44%
Other arrangement	6%	8%	5%	11%
TOTALS	100%	100%	100%	100%
TOTAL N =	(1162)	(209)	(234)	(198)

"Between group" significances, own home outright:

Mexican Americans and Cubans $P < .001$
Mexican Americans and Puerto Ricans $P < .001$
Mexican Americans and Other Hispanics $P < .001$

TABLE 9:8

HOUSING EXPENSES
BY ETHNIC SUBGROUP

Payments	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Average of monthly mortgage	(N=135) $128	(N=32) $198	(N=11) $214	(N=21) $192
Average payment for rent (monthly)*	(N=265) $109	(N=83) $166	(N=158) $118	(N=60) $163

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*Includes only those who pay all of rent.

TABLE 9:9

WHO PAYS THE RENT?
BY ETHNIC SUBGROUP

Rent	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Respondent pays all of rent	83.1% (N=265)	58.9% (N=83)	79.7% (N=159)	70.1% (N=61)
Respondent contributes to rent	16.9% (N=54)	41.1% (N=58)	1.3% (N=36)	29.9% (N=26)
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(319)	(141)	(195)	(87)

TABLE 9:10

PERCENTAGE OF OLDER HISPANICS WHO LIVE IN PUBLIC HOUSING OR RECEIVE RENT SUBSIDY

	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Live in public housing	2% (N=22)	- (N=1)	10.7% (N=25)	4% (N=8)
Receive rent subsidy	1% (N=12)	6% (N=12)	2.6% (N=6)	1% (N=2)
Neither live in public housing nor receive rent subsidy	97% (N=1128)	94% (N=195)	86.8% (N=203)	94.4% (N=188)
TOTALS	100%	100%	100.1%*	99.9%*
TOTAL N =	(1162)	(209)	(234)	(198)

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*Totals do not equal exactly 100% because of rounding.

TABLE 9:11

PERCENT WITH INADEQUATE PLUMBING IN RESIDENCE BY ETHNIC SUBGROUP

Does your home lack at least one of the following: piped hot and cold water, flush toilet, or bathtub or shower?	Mexican Americans	Cubans	Puerto Ricans	Other Hisps.
Yes	6.9%	1.0%	4.7%	3.0%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 9:12

PERCENT WHO REPORTED RESIDENCE NEEDS REPAIRS BY ETHNIC SUBGROUP

Type of Repair*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Painting	25.3%	12.4%	23.1%	34.8%
Ceiling, roof or wall crack	17.7%	9.1%	23.5%	26.1%
Extermination services	17.2%	10.0%	20.1%	15.9%
Plumbing	14.6%	5.7%	19.2%	20.5%
Heating	12.6%	2.4%	11.1%	9.7%
Floor	7.6%	3.8%	12.0%	17.2%
Electrical	10.1%	5.3%	12.0%	11.0%
Other	2.5%	1.4%	2.1%	1.4%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Categories are not mutually exclusive.

295

TABLE 9:13

PERCENT VICTIMIZED BY CRIME DURING PAST TWELVE MONTHS BY ETHNIC SUBGROUP

Have you been a victim of crime or physical assault during the past twelve months?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Yes	5.0%	2.4%	6.0%	4.0%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 9:14

MOST USUAL TYPE OF CRIME BY ETHNIC SUBGROUP

Type of Crime	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Home broken into	1.9%	1.0%	-	-
Vandalism	-	1.0%	-	-
Picked pocket or snatched purse	-	-	4.7%	2.5%
TOTAL N =	(1162)	(209)	(234)	(198)

X. EMPLOYMENT, INCOME, AND TRANSPORTATION

The participation of Hispanics in the labor force has been researched very little. The United States Census supplies the most reliable description of work roles filled by Hispanics. According to Current Population Reports: Persons of Spanish Origin in the United States (1976), about 57 percent of employed men of Spanish origin were blue-collar workers. One-half of the Hispanic women who are employed work in white-collar jobs, and one-third work in blue-collar jobs. Variation existed among Hispanic men according to the subgroup. For instance, 79 percent of Mexican American men are in the labor force, compared to 67 percent of Puerto Rican men. Among women, Puerto Ricans and Cubans varied as follows: 31 percent of Puerto Rican women participate in the labor force, compared to 48 percent of Cuban women.

Occupation varies by subgroup, according to Population Characteristics (1976). More Puerto Rican men (24 percent) were employed in service occupations than Mexican American men (11 percent). In 1976, 8 percent of Mexican American men were working as farm laborers. All other Hispanic men combined only represented 1 percent of the Hispanic population in farm labor. According to Almquist (1979), 29 percent of Cuban women are in occupations different from Anglo women. Cuban and Puerto Rican women are more apt to work in factories than are Anglo women.

A. Occupation

The older Hispanics in this study were asked to name the occupation in which they were engaged for most of their work life. The outcome is shown in Table 10:1. The occupations are arranged in a hierarchy, beginning with the professional and technical category. Cubans have statistically significant higher percentages in the technical and professional occupations than either Other Hispanics, Puerto Ricans, or Mexican Americans. Cubans also have a higher representation among sales and clerical. The most marked variation from occupational patterns occurs among Cubans. Where Cubans are overrepresented in the professions, they are underrepresented in service workers and laborers.

1. Retirement

The mean age of retirement (shown in Table 10:2) is an interesting indicator of labor force participation. Puerto Ricans tend to retire somewhat younger (at 58.6 years) than the other Hispanic subgroups, who tend to be nearer 62 years of age upon retirement. The difference is not statistically significant, however.

Table 5:5 reports the present employment status of older Hispanics. Approximately one-fifth of all subgroups, except Puerto Ricans, are currently employed either full- or part-time. This leaves approximately four-fifths who are not currently employed. Older Hispanics who were not looking for work were asked their main reason for not doing so. The results appear in Table 10:3. Poor health is the number one reason given for not looking for work. The second most frequent reason given for not looking for work is "housework." This reason is named more often by Cubans and Puerto Ricans than by Mexican Americans and Other Hispanics. It is interesting that age is more apt to be given as a reason for not looking for work by Cubans than by any other subgroup.

Figure 10:1 shows the reasons reported for retiring. Age is the reason most often given by members of all subgroups. 58.7 percent of Cubans retired because of age. This figure compares with 51 percent of Mexican Americans and Puerto Ricans, and 50 percent of Other Hispanics. The second main reason given for retiring is poor health. More Mexican Americans (43 percent) retired because of poor health than any other subgroup.

The group least likely to retire because of poor health and most likely to retire because of "lack of work" is Puerto Ricans. The data from this study show us that older Puerto Ricans have high levels of disease and disability. We also know that the aftermath of retiring has not been attractive for Puerto Ricans. The fact that 17.4 percent retired because there was no work, rather than other reasons, suggests geographically specific economic features in society, negative institutional responses to Puerto Ricans, and so forth. Only 3.9 percent of Mexican Americans retired because of no work, as did 6.3 percent of Other Hispanics and 5.3 percent of Cubans. We can conclude that the work features of Puerto Ricans are very different from those of the other subgroups. The degree to which older Puerto Ricans retire because of no work, when compared with the other subgroups, is significant in each instance. The levels are shown in Figure 10:1.

B. Sources of Income

Table 10:4 shows the main source of income for older Hispanics. Social Security retirement is the main source for all subgroups, though older Cubans tend to participate somewhat less. The second major source of income is Supplemental Security Income (SSI). Cubans are more likely (25.8 percent) than any of the other subgroups to

receive SSI. A third major source of income is employment, both full- and part-time. Almost as many older Hispanics work as receive SSI. Mexican Americans are the most likely to receive retirement pensions, and Cubans the least likely. Cubans' failure to participate in retirement plans, even though they are more highly represented in the professional and technical categories, probably reflects their late arrival in this country.

The mean income by source is shown in Table 10:5. In dollars, employment brings in more mean income, but few older Hispanics participate in the work force. Among Mexican Americans, twice as many receive Social Security as those who work. Among Cubans and Other Hispanics, the differential is much smaller. For those older Hispanics who receive welfare, the average amount is about $200. However, the percentage receiving welfare (shown in Table 10:4) is relatively small. Eleven percent of Puerto Ricans, 9 percent of Other Hispanics, 8 percent of Cubans, and 5.6 percent of Mexican Americans are on welfare. Bell (1976) has observed that the failure of older Mexican Americans in the South to receive Social Security is reflected in their higher use of old age assistance (SSI). Table 10:4 provides another clear example of this phenomenon. Among Mexican Americans over age 55, 35.7 percent receive Social Security retirement. In addition, 17.3 percent receive Supplemental Security income. Cubans participate less in Social Security (28.2 percent), but a larger percentage of Cubans than Mexican Americans receive Supplemental Security. The problem of older Hispanics' income seems to be that of finding the best way to meet the minimal income needs of older individuals who need assistance from government resources. Bell has observed that it would be advantageous to find ways to increase access to Social Security in the South for Mexican

Americans, since Social Security benefits are in excess of old age assistance.

Tables 10:6 and 10:7 indicate the percentage with Social Security retirement at age 65 and over, and at age 60, respectively. A comparison of the two tables illustrates the percentage of individuals in the different ethnic groups who receive Social Security at 65 and over, in comparison with those who receive Social Security retirement at age 60. Among Mexican Americans, Puerto Ricans and Other Hispanics, the percentage of recipients is approximately 10 percent more at age 65 and over than at age 60. Probably no one explanation explains the different percentages of older Hispanics receiving Social Security at age 60 and at age 65 and over. Some individuals opt to remain in the labor force longer. Many take early benefits because they can no longer work (poor health and lack of work are two prime reasons for this). Only among Cubans does the percentage receiving Social Security decrease at age 65 instead of increase. This point can probably be explained in terms of the age at which most older Cubans came to this country. Eligibility requirements, no doubt, pose more formidable problems for Cubans than for others. The group with the highest participation in Social Security retirement at age 65 and over is Puerto Ricans. Sixty-two percent receive benefits at this age (Puerto Ricans do not have problems of citizenship when they apply for Social Security). Among Other Hispanics, 57.3 percent participate in Social Security at age 65, as do 56.9 percent of Mexican Americans and 37.3 percent of Cubans. Some of the main reasons for not receiving Social Security at age 65 are illegal immigrant status, lack of citizenship, or type of employment. Social Security has been broadened to include more individuals, but many older Hispanics, for one reason or another, still do not receive benefits.

C. Transportation

Transportation and mobility are important for all individuals. A person's loss of mobility is accompanied by a loss of independence that is often expressed in lowered morale. The elderly are more apt to suffer mobility problems than others in society. One aspect of this problem is the availability of transportation. For the vigorous older person, the availability of public transportation may alleviate mobility difficulties. For the frail elderly, however, the problem is more complex.

In attempting to preserve independence in terms of mobility, the frail elderly must consider failing physical strength along with other functional impairments that have nothing to do with the availability of transportation. For instance, the act of negotiating steps to a transportation vehicle may present a formidable problem. In addition, waiting for public transportation can be a serious drain on physical energy for the elderly. Innovative systems such as "Dial a Ride" have been established in some metropolitan areas to deal with the problems the elderly have in shopping, visiting friends and doctor, or going to church. The elderly have been mostly enthusiastic about these systems; but cost effectiveness, route determination, and other problems mean that the systems still operate on an experimental basis.

Research into the transportation needs of the elderly is a prerequisite to the provision of transportation. While researchers have investigated this area, they have done little to discover the transportation needs and desires of older Hispanics. Carp (1970) pointed out that little attention had been paid to the transportation needs of the elderly. The findings of studies since Carp's reveal that many older persons have neither a car at their disposal nor a valid driver's license. Many have given up driving and, as a consequence, have become increasingly isolated from their former social world.

A study by Newquist and Torres-Gil is one of the few that have analyzed the transportation needs of older Hispanics. The authors found that Mexican American women have more problems in getting around than do Mexican American men. Few women have cars available to them; fewer women than men have driver's licenses, and more women are dependent on others for transportation. Women are less mobile in the use of buses. Newquist and Torres-Gil attribute the decreased mobility of women to cultural and socialization factors that have negative reinforced roles outside the family and the independence necessary for one to use public transportation. The main mode of transportation for Mexican American women is a ride with family members. In the study, many of the women expressed fears of crime, which Newquist and Torres-Gil noted may be "both a cause and effect of their dependence on their family."

Newquist and Torres-Gil found the transportation problems of Mexican American men to be less pervasive, though language barriers, health, and crime were also named by the men as problems in mobility. The difference between the sexes is that the men are more psychologically independent in getting around.

One objective of the present study was to investigate the mode of transportation most often used. Older Hispanics were asked the type of transportation they use to go shopping, to go to see the doctor, to visit friends, and to go to church. The alternatives included walking, driving self, family members, different types of public transportation (including taxi), and any other mode of transportation.

1. Modes of Transportation

Table 10:8 illustrates the most used method of transportation, by subgroup. Cubans, Puerto Ricans, and Other Hispanics are more likely to walk to shop, while Mexican Americans are more likely to ride with family members. The main mode of transportation for Puerto Ricans is walking, irrespective of the goal. The main mode of transportation for Mexican Americans is "ride with family." Other Hispanics walk to shopping and to church, but they ride with family members to see the doctor and to visit with friends. Cubans are the only subgroup of older Hispanics where the greater percentage of individuals drive themselves to church. These data support the notion that Mexican Americans, for whatever reason, do not use public transportation.

2. Influence of Sex

In order to determine whether there is a sex difference in those who "ride with family," these data were analyzed in terms of sex. The outcome is shown in Table 10:9. It will be noted that among Mexican Americans, Puerto Ricans, and Other Hispanics, approximately two times as many women as men "ride with family." Among Cubans, the differential is three times as many women as men. It is clear that different patterns in using transportation exist among older Hispanics in terms of sex. Women are more apt to "ride with family" for all mobility outside the home. This restriction of women's mobility has cultural connotations and is the end product of long socialization. It is doubtful that it will change. It involves not only older Hispanic women's own life patterns, but also expectations that others have of their behavior. However, the next age cohort may have quite a different orientation to independence. Newquist and Torres-Gil have suggested that escort services would probably be acceptable as a way to increase the mobility of this segment of the population, who in some ways is relatively isolated.

3. Availability of Public Transportation

One important determinant of the use of transportation is availability of such transportation. Older Hispanics in this study were asked the number of blocks from their residence to a public transportation line. Table 10:10 shows the outcomes. Almost one-half of all older Hispanics (more than half in the case of Cubans and Puerto Ricans) live within two blocks of a transportation line. Mexican Americans and Other Hispanics are the most likely to live where no bus is available. This reflects the sizeable rural population among both Mexican Americans and Other Hispanics. Puerto Ricans have slightly more available transportation than any of the other groups. Mexican Americans appear to be somewhat more disadvantaged than Other Hispanics. The availability pattern for Cubans closely resembles that of Puerto Ricans.

4. Transportation as the Most Serious Problem

Older Hispanics were asked to name their most serious problem. Among Mexican Americans, 4 percent named transportation. Transportation thus ranked sixth in serious problems named. Only 1 percent of Cubans and Puerto Ricans named transportation as their most serious problem. Among Other Hispanics, the response was 2 percent.

This does not mean that transportation is not a problem among older Hispanics. Far from it. It simply means that older Hispanics do not see transportation as their most serious problem. Transportation tends to take a back seat to problems of financial concern and health.

D. Summary and Conclusion

This chapter has reported employment, income, and transportation.

Employment and Income

The findings show that for the major part of their working lives, older Hispanics have tended to hold either service-type occupations or low-scale laboring jobs. The exception is the relatively high representation (10.5 percent) of Cubans in professional and technical classifications. Cubans also are represented (12 percent) in sales and clerical jobs. This is an over-representation in comparison with the other groups. Housewives constitute approximately one-fourth of the occupations classifications among Mexican Americans and Cubans, and approximately one-fifth among Puerto Ricans and Other Hispanics. We cannot predict trends by studying one age cohort, such as this one. These data simply describe the work history of this older group. The data suggest that older Hispanics have held mostly dead-end, low-paying jobs requiring physical labor and seldom resulting in upward mobility in the labor force.

Cubans are the most advantaged in terms of occupation. There are significantly more Cubans in the professional and technical jobs than Other Hispanics, Puerto Ricans, or Mexican Americans. The significance levels are shown in Table 10:1.

Given the kinds of occupations and the realities of low pay, it is not surprising that most older Hispanics retire in their early 60's. The main reason reported for not looking for work is "poor health." However, the main reason given for retiring is age, followed by "poor health" in all subgroups. The main source of income is Social Security retirement, though Supplemental Security Income is also an important source. Employment brings in more money than other sources of income, but fewer older Hispanics participate in the labor force than those who do not. Therefore, the importance of earnings applies to few individuals. One of the important facts with which retired people must come to terms is the reality of drastically reduced income at a time when increased expenditures (medical, for instance) may require more income.

More older Hispanics participate in Social Security income at age 65 and over than at age 60, though there is a tendency for older Hispanics to retire early for health reasons. However, at age 65, participation is approximately one-half of the older population, including 56.9 percent of Mexican Americans, 37.3 percent of Cubans, 62 percent of Puerto Ricans, and 57.3 percent of Other Hispanics. The main conclusion is that though Social Security retirement is the primary source of income for older Hispanics, only approximately one-half of older Hispanics receive Social Security retirement. Therefore, the level of income of this entire group is depressed when compared with the income of older individuals in the general population. In 1975, the Office of the Mayor of Los Angeles prepared a report indicating that 63.2 percent of "White Spanish" receive old age benefits. This figure exceeds the findings of this study. Also, the report indicated that 76.4 percent of "White non-Spanish" received old age benefits.

Table 5:6 shows the mean family incomes for all subgroups of this study. An average of the average produces a figure of $3,936, which is the mean family limited income,

and accounts for the fact that when asked their most serious problems, older Hispanics named problems of finances such as insufficient income, poverty status, costs of medical care, and other problems that relate to inadequate income. Obviously, income alone cannot settle all problems of any group; still, a basic income is required for sustenance. The most cost effective way to enhance the life chances of older Hispanics would be to increase their income.

Transportation

This chapter investigated the modes of transporation most often used by older Hispanics when going shopping, visiting friends, going to the doctor, and going to church. It was found that patterns emerge according to ethnic subgroup. While these modes have cultural connotations, there is also a pragmatic consideration that no doubt overrides cultural dictates; namely, proximity of one's destination. For instance, if one lives in New York City where the doctor and market may be only a block away, it makes sense to walk. This does not mean that older Hispanic New Yorkers do not need special transportation. The incapacitated no doubt do need it. At times, illness prevents one's walking no matter how close to the destination.

Definite patterns emerged by sex in the analysis of these data. The patterns suggest that women are more apt than men to depend on "rides with family members" to fulfill their mobility needs. Women are two times as likely as men to "ride with family members" in all subgroups.

More than one-half of older Hispanics have public transportation within two blocks of their residence. This tells us something about the availability for vigorous persons, but very little about transportation for those too weak, sick, or impaired to join the crowds, negotiate steps, and so forth. The transportation problem requires serious consideration of creative modes to provide more sensitive ways for the elderly to maintain their independence and morale.

TABLE 10:1

OCCUPATION ENGAGED IN FOR MOST OF WORK LIFE BY ETHNIC SUBGROUP

Occupation	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Professional and technical	1.4%	10.5%	.4%	4.5%
Managers and administrators	2.2%	6.7%	3.4%	4 %
Sales and clerical	1.8%	12.0%	3.4%	6.6%
Skilled	5.9%	3.8%	5.1%	5.1%
Semi-skilled	7.1%	4.8%	4.3%	6.6%
Operators (incl. machine and vehicle)	16.9%	24.9%	28.6%	21.2%
Laborers	25.1%	3.8%	12.0%	15.7%
Service workers	14.2%	8.6%	20.5%	16.2%
Housewives	25.2%	23.4%	20.1%	19.2%
Other	.2%	1.4%	2.1%	2.0%
TOTALS	100.0%	99.9%*	99.9%*	101.1%*
TOTAL N =	(1162)	(209)	(234)	(198)

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*Due to rounding, percentages do not equal exactly 100%.

"Between group" significances, professional and technical:

Cubans and Other Hispanics $Z = 2.346$, $P < .05$
Cubans and Puerto Ricans $Z = 4.68$, $P < .001$
Cubans and Mexican Americans $Z = 4.354$, $P < .001$

311

TABLE 10:2

MEAN AGE OF RETIREMENT BY ETHNIC SUBGROUP

	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Mean age of retirement	61.9	62.6	58.6	62.9
TOTAL N =	(457)	(74)	(114)	(64)

TABLE 10:3

MAIN REASONS REPORTED FOR NOT LOOKING FOR WORK BY ETHNIC SUBGROUP

Reasons for not looking for work	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Poor health	55.9%	58.1%	65.8%	50%
Age	1.5%	16.1%	7.9%	-
Housework	11.0%	16.1%	15.8%	11.5%
Language difficulties	-	-	-	3.0%
Other	31.6%	9.7%	10.5%	35.5%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(136)	(31)	(38)	(26)

TABLE 10:4

MAIN SOURCES OF INCOME BY ETHNIC SUBGROUP

Source of Income*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Social Security Retirement	35.7%	28.2%	39.7%	31.8%
Employment (Full and part-time)	18 %	23.4%	11.5%	25.3%
Supplemental Security Income (SSI)	17.3%	25.8%	22.2%	14.6%
Social Security Widow's Benefits	12 %	2.4%	6.8%	6.1%
Retirement pensions (job)	9 %	6.7%	8.5%	8.6%
Social Security Disability	8.7%	5.3%	12 %	8.1%
Welfare	5.6%	8.1%	11.1%	9.1%
Rentals	5.5%	2.3%	1.7%	8.1%
Family Members (Regular Assistance)	5.4%	2 %	1.3%	2.5%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Sources are not mutually exclusive.

TABLE 10:5

MEAN INCOME BY SOURCE, SHOWING NUMBER OF APPLICABLE INDIVIDUALS

Source of Income	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Social Security Retirement	$243 (N=409)	$257 (N=59)	$250 (N=93)	$246 (N=63)
Employment (Full and Part-time)	$585 (N=211)	$487 (N=49)	$774 (N=27)	$480 (N=50)
Supplemental Security Income (SSI)	$141 (N=201)	$194 (N=54)	$137 (N=52)	$142 (N=29)
Social Security Widow's Benefits	$214 (N=139)	$371 (N=371)	$212 (N=18)	$231 (N=12)
Retirement Pensions (job)	$315 (N=110)	$247 (N=14)	$204 (N=20)	$181 (N=17)
Social Security Disability	$241 (N=101)	$317 (N=11)	$205 (N=28)	$239 (N=16)
Welfare	$181 (N=65)	$212 (N=17)	$240 (N=26)	$200 (N=18)
Rentals	$293 (N=64)	$710 (N=5)	$197 (N=4)	$463 (N=16)
Family Members (Regular Assistance)	$192 (N=62)	$312 (N=4)	$218 (N=3)	$144 (N=5)
TOTALS	(1162)	(209)	(234)	(198)

TABLE 10:6

PERCENTAGE WITH SOCIAL SECURITY RETIREMENT, AT AGE 65 AND OVER

Social Security?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Under Age 65				
Yes	17.1%	26.3%	22.2%	11.8%
No	82.9%	73.7%	77.8%	88.2%
TOTAL N =	(580)	(99)	(126)	(102)
Over Age 65				
Yes	56.9%	37.3%	62.0%	57.3%
No	43.1%	62.7%	38.0%	42.7%
TOTAL N =	(582)	(110)	(108)	(96)

TABLE 10:7

PERCENTAGE WITH SOCIAL SECURITY RETIREMENT, BY AGE 60

Social Security?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Under Age 60				
Yes	7.3%	9.3%	10.0%	5.8%
No	92.7%	90.7%	90.0%	94.2%
TOTAL N =	(302)	(43)	(70)	(52)
Over Age 60				
Yes	47.4%	38.0%	53.7%	43.8%
No	52.6%	62.0%	46.3%	56.2%
TOTAL N =	(860)	(166)	(164)	(146)

TABLE 10:8

MOST OFTEN USED METHOD OF TRANSPORTATION BY ETHNIC SUBGROUP

Mode of Transportation	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Shopping:				
Walk	-	43%	70%	35%
Ride with Family Member	42%	-	-	-
To See Doctor:				
Walk	-	-	50%	-
Ride with Family Member	44%	40%	-	30%
To Visit Friends:				
Walk	-	-	46%	-
Ride with Family Member	41%	36%	-	28%
To Go to Church:				
Walk	-	-	68%	39%
Drive Self	-	29%	-	-
Ride with Family Member	37%	-	-	-
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 10:9

PERCENT OF OLDER HISPANICS, BY SEX, WHO RIDE WITH FAMILY BY ETHNIC SUBGROUP

Sex	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Males	32.7%	21.2%	30.8%	36.1%
Females	67.3%	78.8%	69.2%	63.9%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 10:10
AVAILABILITY OF PUBLIC TRANSPORTATION BY ETHNIC SUBGROUP

Number of Blocks to Transportation Line	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
2 or fewer blocks	47%	58%	68%	48%
3 to 6 blocks	19%	30%	28%	29%
7 or more blocks	4%	3%	1%	3%
Bus not available	28%	8%	2%	20%
Missing values	3%	-	1%	-
TOTALS	100%	99%*	100%	100%

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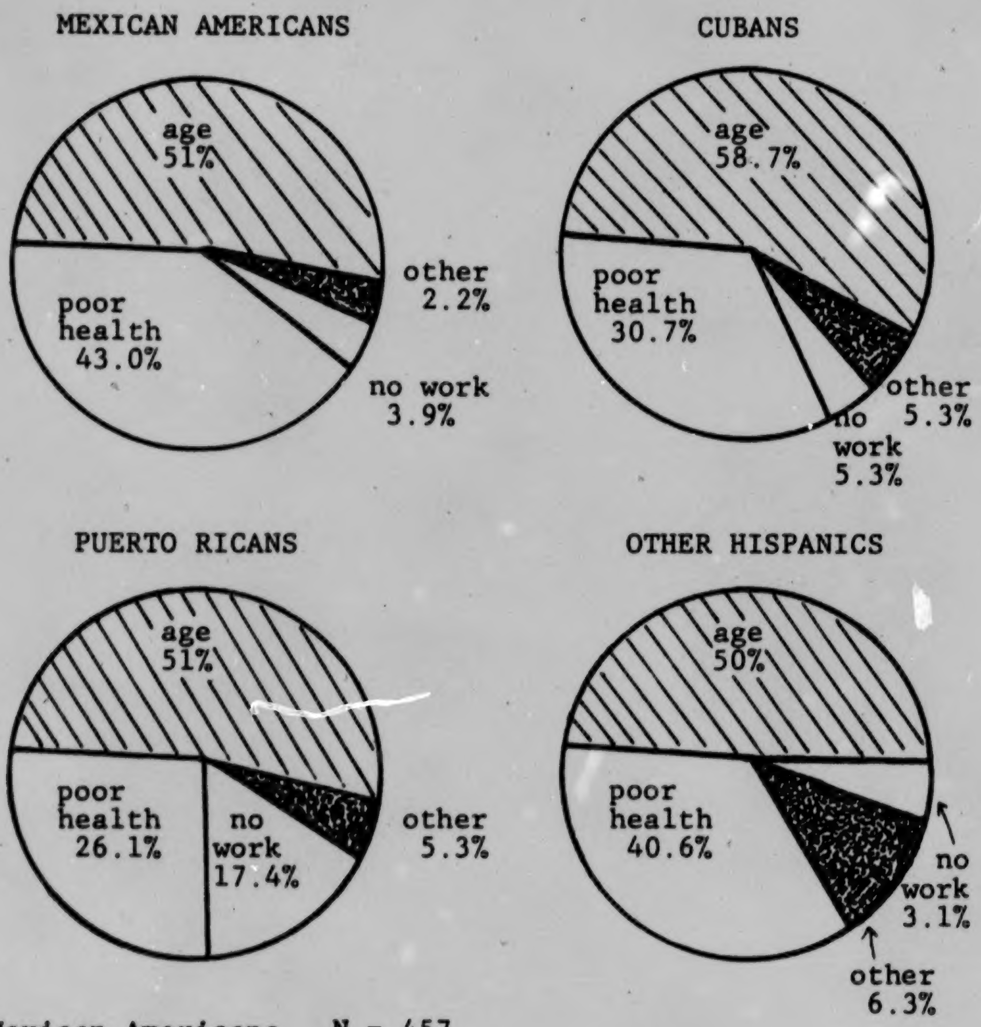
*Due to rounding, percentages do not equal exactly 100%.

FIGURE 10:1
REASONS REPORTED FOR RETIRING
BY ETHNIC SUBGROUP



Mexican Americans N = 457
Cubans N = 74
Puerto Ricans N = 114
Other Hispanics N = 64

"Between group" significances, "no work":

Puerto Ricans and Other Hispanics Z = 2.50, $P < .05$
Puerto Ricans and Cubans Z = 2.91, $P < .01$
Puerto Ricans and Mexican Americans Z = 3.42, $P < .001$

XI. NUTRITION

During the past fifteen years, studies on nutrition have mushroomed. Nutrition researchers come from many disciplines. This is due to the scope of studies possible within the definition of nutrition, as well as the increased number of professionals who have become interested in the field. General interest in nutrition has been augmented by nutritional programs for the elderly that have been an outgrowth of the Older Americans Act. One effect of the Act on research is that more research focuses on the effects of nutrition on aging and the aged.

Figure 11:1 shows some directions that nutrition research has taken. Those who research aged populations are particularly interested in cell 1. Research is currently under way to establish both requirements and optimal levels for maintenance of health. According to Butler (1977), the National Institute on Aging's Baltimore Longitudinal Study has included an evaluation of nutritional factors among more than 1,000 participants for nearly 20 years. These data will add considerable knowledge to nutrition maintenance.

Those interested in or working with the aged are also concerned with the implementation of research findings (cell 1). There are two main areas of implementation. One has to do with availability and the other with education. Under availability, people working with the aged are particularly concerned with consumption. Many older persons do not consume a proper diet. There are numerous reasons for this fact, including availability. If the older person cannot shop, or cannot cook food, malnutrition may result.

Cell 2 shows nutrition as a treatment for disease. Myriad diseases could be added to the list. This is an important area for those interested in the aged, because many diseases that are closely associated with nutrition are degenerative diseases of old age. According to White (1980:2222), no other topic yielded as much professional, consumer, industrial, and media attention during the 1970s as did that of diet and coronary heart disease. According to Watkin (1965), molecular biology now offers a reasonable explanation for the aging process. In the future, nutrition will be used to slow down or even halt the aging process. A major remaining problem is to understand how nutrient metabolism changes with age (Butler, 1977).

Cell 3 of Figure 11:1 specifies some of the hazards of nutrition. The media and personal physicians have sensitized many persons to the hazards of overeating. Studies on animals have shown that those choosing to consume large amounts of food, perhaps with low protein content, are more apt to be short-lived and have increased susceptibility to disease than animals whose food intake is smaller (Butler, 1977). On the contrary, undernutrition has been the only environmental effect that has consistently increased the lifespan of animals (Butler, 1977). Considerable research is currently investigating additives and other aspects of consumer products. All these areas have implications for the aged.

According to Advance Data (1980), health habits follow cultural patterns. A study of health practices in Alameda County, California, found that 60 percent of white respondents and about 56 percent of Hispanic respondents reported that they eat breakfast every day, while only 47 percent of black respondents reported regular breakfast-eating habits. Also, people in the lower income categories are relatively more likely to eat breakfast than those at the higher end of the income spectrum.

This study was concerned with nutritional maintenance and whether older Hispanics have an adequate diet in terms of classes of foods regularly consumed. Both objective questions and questions of perception were asked.

A. Specific Foods

Table 11:1 lists classes of foods required to maintain health. This study assumes nutritional deficiency when there is no intake within two days of a particular required food. For instance, 8 percent of older Mexican Americans in this study had not eaten cheese or other dairy foods during the two days preceding the interview. This compares with 5 percent of Cubans and 6 percent of Puerto Ricans and Other Hispanics. Cubans report the highest "deficiency." Twenty percent of Cubans report no beans and yellow vegetables during the past two days; 16 percent report having eaten no bread or cereals; and 14 percent report that green vegetables have not been a part of their diet for the past two days before the interview. These data suggest that green vegetables comprise the class of foods most lacking in the diet of older Hispanics. This is followed closely by beans and yellow vegetables, fruit and fruit juices, and bread and cereals.

Table 11:1 suggests variation in choices of foods by ethnic subgroup. For instance, Mexican Americans consume fewer dairy products. Other Hispanics are somewhat lower on meat, fish and eggs, and fruit and fruit juices. Cubans appear to eat less green vegetables, beans and yellow vegetables, bread and cereals. On the other hand, Puerto

Ricans reported fewer deficiencies in nutrients than any of the other groups. When funds are scarce and budgets are tight, choices in foods must be made. Some of the choices are probably made on the basis of what people like to eat -- a reflection of their culture. Thus, the chart, in fact, reflects cultural predilections of the subgroup with regard to foods.

B. Perceived Adequacy of Nutrition

Table 11:2 asks individuals whether they perceive that they have an adequate diet. This is a perceptual test that most researchers agree has considerable validity. More Cubans (24 percent) report that they do not have an adequate diet, followed by Puerto Ricans (23 percent), Mexican Americans (17 percent) and Other Hispanics (13 percent). It appears curious that so many Puerto Ricans believe that they have an inadequate diet, since this finding seems somewhat inconsistent with the findings shown in Table 11:1, which indicate that Puerto Ricans have greater variety in their diet than any one of the other groups. Probably their perception of inadequacy refers to quantity. Noteworthy as well, is that Other Hispanics reported the lowest percentage in believing that they have an inadequate diet when they were also the lowest users of two substantive food classes -- meat, eggs and fish, and fruit and fruit juices. Mexican Americans fall between the other groups, with 17 percent reporting that they believe their diet to be inadequate.

There is considerable agreement among subgroups as to why they do not eat well. Table 11:3 shows that the main reason given by all groups was that food was too expensive. Seventeen percent of Cubans reported that the high cost of food limits their diet. This compares with 15 percent of Puerto Ricans, 12 percent of Mexican Americans, and 6.6 percent of Other Hispanics. The second most usual reason given for not eating well was "on a diet." In this case, many people felt that their intake of foods was limited by what they could and could not eat -- not by whether or not they could afford the food. Cubans are the most likely to be on diets that restrict their intake of food (9 percent), followed by Puerto Ricans (8.5 percent), Other Hispanics (5.1 percent), and Mexican Americans (5 percent).

C. Expenses of Nutrition

Older Hispanics were asked about how they pay for food. Table 11:4 shows the outcome. Mexican Americans are the most apt to pay for all their own food (68 percent). This compares with 62 percent of Other Hispanics, 54 percent of Puerto Ricans, and 51 percent of Cubans. Table 11:4 notes that the difference in the proportion of Mexican Americans and Puerto Ricans who pay all their own food expenses is significant at the .001 level. This is also true of the difference between Mexican Americans and Cubans. The difference is also statistically significant between Other Hispanics and Cubans (.05 level). Other Hispanics are most likely to receive help from someone to pay for food (25.8 percent), Puerto Ricans the least likely (19.7 percent). The differences between percentages of Mexican Americans and Cubans who receive help from someone is significant at the .001 level. The differences between the percentages of Mexican Americans and Puerto Ricans who receive help from someone is likewise significant at the .001 level, as shown in Table 11:4.

The percentage of older Hispanics who receive food stamps to augment their food expenses varies significantly between groups. Both Cubans and Puerto Ricans are more likely to receive food stamps than are either Mexican

Americans or Other Hispanics. A complex of variables probably accounts for these differences. The groups receiving the least help from someone else also receive a greater percentage of food stamps. In other words, older Cubans and Puerto Ricans receive less help with food bills from someone else. In turn, Cubans and Puerto Ricans are the most apt to receive food stamps. Cubans and Puerto Ricans are also more likely to live in metropolitan areas where food stamps are more readily available. At the same time, urban living precludes extensive growth of gardens. These data require more extensive analysis. It is important to remember that 16 percent of Other Hispanics and 19 percent of Mexican Americans live in rural areas. However, the rural/urban variable probably accounts for a small percentage of the differences among the groups. It is more probable that when help is not forthcoming from someone else, older Hispanics resort to food stamps. It will be recalled that the largest percentage of negative evaluators are Cubans who negatively evaluate the food stamp program as well (See Table 8:7). Also, Cubans are the group most likely to perceive their diet as inadequate.

D. Preference of Foods

Respondents were asked whether they would like a senior citizen's club to serve their national heritage foods. The results of the question are shown in Table 11:5. Older Hispanics overwhelmingly would prefer a club that served their heritage foods. The preference was most strongly noted by Puerto Ricans, where 85.8 percent answered in the affirmative. This compares with 84 percent of Cubans, 80 percent of Mexican Americans, and 65.2 percent of Other Hispanics. We can therefore conclude that there is a strong preference among older Hispanics for foods that are consonant with national heritage.

E. Summary and Conclusion

Analysis of these data suggests that older Hispanics face two major problems in attending to their nutritional needs; namely: (1) financial difficulties in obtaining adequate nutrition, and (2) choices of foods that lead to an adequate diet.

First, the financial problem is only to be expected given the depressed economic condition of older Hispanics. To rectify this matter as much as possible, some resort to food stamps, while others have more help from others -- probably family. Either way, a sizeable proportion evaluate their diet as inadequate -- 24 percent of Cubans, 23 percent of Puerto Ricans, 17 percent of Mexican Americans, and 13 percent of Other Hispanics. These data suggest that the solutions employed by older Hispanics to rectify nutritional discrepancies are less than adequate.

Second, in the selection of foods, preferences are noted which, it could be argued, would preclude an adequate diet even if funds were available to eat "properly." Barring a maximum number of individuals who are on diets and who must forego certain foods, one might assume that inadequacies would be more evenly distributed among the classes of foods shown in Table 11:1. Such is not the case, indicating that education is in order (See Figure 11:1). Certainly any attempt to remedy the inadequate diet of older Hispanics should include education on the nutritional requirements of the human body, and on ways to bolster income so that adequate food can be purchased.

TABLE 11:1

HAVE YOU EATEN THE FOLLOWING FOODS IN THE PAST TWO DAYS? BY ETHNIC SUBGROUP

Percentage who reported "No"	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Milk, cheese, or other dairy foods	8%	5%	6%	6.1%
Meat, eggs, fish	4%	2%	3.8%	5.6%
Green vegetables	9%	14%	8%	8.6%
Beans and yellow vegetables	4%	20%	8.5%	6.6%
Fruit and fruit juice	10%	9%	6%	10.1%
Bread, cereals, and pastas	4%	16%	5.6%	8.6%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 11:2

DO YOU HAVE AN ADEQUATE DIET?

Adequate Diet?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
No	17%	24%	23%	13.1%
Yes	83%	76%	77%	86.9%
TOTALS	100%	100%	100%	100.0%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 11:3

MAIN REASONS REPORTED FOR NOT EATING WELL

Reasons Given*	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Food too expensive	12%	17%	15%	6.6%
On a diet	5%	9%	8.5%	5.1%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Reasons given are not mutually exclusive.

TABLE 11:4

FOOD EXPENSES -- DO YOU HAVE ASSISTANCE?

BY ETHNIC SUBGROUP

Method of Payment	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Pay all of own food expenses	68%	51%	53.8%	62.1%
Receive help from someone	20%	13%	10.7%	25.8%
Receive food stamps	13%	36%	35.5%	12.0%
TOTALS	101%*	100%	100%	99.9%*
TOTAL N =	(1162)	(209)	(234)	(198)

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*Due to rounding, percentages do not equal exactly 100%.

"Between group" significances, those who pay all of own food:

Mexican Americans and Puerto Ricans	$P < .001$
Mexican Americans and Cubans	$P < .001$
Other Hispanics and Cubans	$P < .05$

"Between group" significances, those who have help from someone:

Mexican Americans and Cubans	$P < .01$
Mexican Americans and Puerto Ricans	$P < .001$
Other Hispanics and Cubans	$P < .001$
Other Hispanics and Puerto Ricans	$P < .001$

"Between group" significances, those who receive food stamps:

Mexican Americans and Puerto Ricans	$P < .001$
Mexican Americans and Cubans	$P < .001$
Other Hispanics and Puerto Ricans	$P < .001$
Other Hispanics and Cubans	$P < .001$

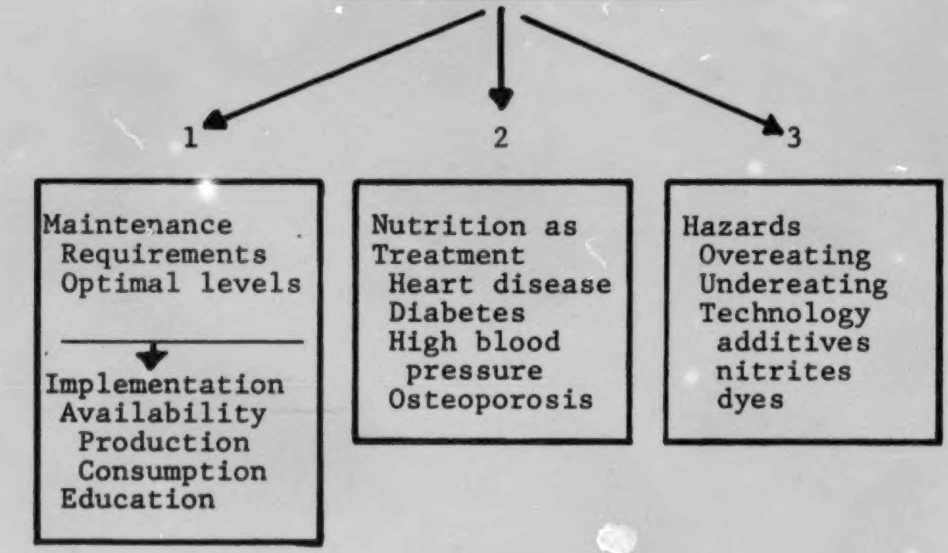
TABLE 11:5

WOULD YOU LIKE A SENIOR CITIZENS' CLUB TO SERVE YOUR NATIONAL HERITAGE FOODS?

	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Yes	80%	84%	85.5%	65.2%
No	20%	16%	14.5%	34.3%
Missing value				.5%
TOTALS	100%	100%	100.0%	100.0%
TOTAL N =	(1162)	(209)	(234)	(198)

FIGURE 11:1

RESEARCH IN NUTRITION


1
2
3
Maintenance
Requirements
Optimal levels
Implementation
Availability
Production
Consumption
Education
Nutrition as Treatment
Heart disease
Diabetes
High blood pressure
Osteoporosis
Hazards
Overeating
Undereating
Technology
additives
nitrites
dyes

XII. SOCIAL ORGANIZATIONS, POLITICAL PARTICIPATION, AGENCY CONTACT, AND DISCRIMINATION

Participation in social and political organizations, contact with agencies, and perception of discrimination tell us something about how fully the individual is integrated into his or her society. Integration is a positive feature, contributing to the mental as well as the physical health of individuals (Spitz, 1945; Insul and Moos, 1975).

One important social organization is the family. Parsons (1951) argued that the effects of industrialization and the consequent growth of the nuclear family had fragmented the extended family. However, more recent studies of the family (Shanas, 1979) have shown that support systems are viable and continue to exert a positive influence on the lives of individuals. The new findings' conclusion, -- that ties among extended family members are probably much stronger than Parsons had suspected. -- has forced a reevaluation of family relationships.

A. Social Organizations Among Older Hispanics

Early reports of Hispanics have noted the cohesiveness of the family system and the reluctance of members to accept help from another source (Saunders, 1954; Clark 1959; Rubel, 1960, 1966). Nonetheless, among more recent researchers, a controversy has arisen about the degree to which the Hispanic family system constitutes a viable support system. With regard to older Hispanics, the question seems to be: Do older Hispanics currently have access to a strong support system on which they can depend for help? Clark and Mendelson (1969), Keefe (1979), Mirande (1977), and Sotomayor (1973) have argued that the extended family system is intact within the urban environment. Sotomayor (1973) and Clark and Mendelson (1969) argue that the elderly have specific functions that involve decision- making and child care. On the other hand, Moore (1971), Maldonado (1975), and Penalosa (1966) propose that the urbanization process has resulted in considerable change in the Mexican-American family form with the consequence that familial relationships are breaking down, leaving the elderly without supports. The implications of this controversy for social policy are clearly far-reaching.

The family is a primary social organization and, therefore, more important to the individual than other social organization. However, the form of the family as well as family resources determine the extent to which the family constitutes a source of primary care for the elderly. This study will examine the family and other aspects of contact with friends, relatives, church groups, and senior citizens' groups.

1. The Family

Marital status, living arrangement, number of children, and frequency of contact with children are all important indicators of the degree of integration into the family. Where integration is high, one can logically assume support, though the forthcoming support may be more emotional than monetary, depending on family resources.

Table 5:7 shows the marital status of the older Hispanics in this study. 62.7 percent of Cubans are married, followed by 55.1 percent of Mexican Americans, 47.5 percent of Other Hispanics, and 39.7 percent of Puerto Ricans. Cubans are significantly more apt to be married than either Puerto Ricans or Other Hispanics, the difference in each case being significant at the .001 level.

Table 5:9 indicates the living arrangements of older Hispanics. Puerto Ricans are the most likely to live alone. The differences in living alone between Puerto Ricans and Other Hispanics, Puerto Ricans and Cubans, and Puerto Ricans and Mexican Americans are all significant at least at the .05 level. Those who live alone run the risk of being less integrated.

Mexican Americans have larger families than any other subgroup. Mexican Americans have significantly more families with between five and seven children (.001 level) than either Cubans, Puerto Ricans, or Other Hispanics. While the percentage of individuals who have no children is very similar among Mexican Americans, Cubans, and Puerto Ricans, Other Hispanics are significantly more prone to have no children than Mexican Americans.

Table 12:1 shows the percentage of Older Hispanics who have visited with their children during the week preceding the interview. Other Hispanics (59.5 percent) were the most probable to have had visits with children, followed by Cubans (57.2 percent), Puerto Ricans (53.4 percent), and Mexican Americans (53 percent). Other Hispanics also report a larger percentage who had daily visits with their children than any of the other subgroups. However, the differences are not significant. These data suggest that social contact with family varies somewhat among subgroups. Cubans are more likely to be married, Puerto Ricans to live alone, and Mexican Americans to have more children. However, in terms of visits with children, the subgroups do not vary significantly.

2. Contact with Relatives

Table 12:2 illustrates the percentage of older Hispanics who have visited with relatives during the week preceding

the interview. Other Hispanics visit more with relatives than do either Puerto Ricans or Mexican Americans. The significance levels are shown in Table 12:2. 56.5 percent of Other Hispanics reported that they had visited with relatives during the week. This compares with 55.1 percent of Cubans, 45.3 percent of Mexican Americans, and 44.3 percent of Puerto Ricans.

3. Visits with Friends

Other Hispanics are also more likely to have visited with friends during the week than any other subgroup, the difference being significant (shown in Table 12:3). 72.1 percent of other Hispanics visited friends. This compares with 61.2 percent of Cubans, 60.5 percent of Mexican Americans, and 59.1 percent of Puerto Ricans. While Other Hispanics may have somewhat more contact with their children, they clearly have more visits with relatives and friends.

4. Church Participation

Table 5:11 shows the frequency of church attendance. Cubans are significantly less likely than either Mexican Americans or Other Hispanics to attend church at all. On the other hand, Mexican Americans are the ones most apt to attend church more than once a week. The differences between Mexican Americans and Cubans, and Mexican Americans and Other Hispanics, are significant at least at the .05 level. However, when we observe weekly attendance, Other Hispanics have the highest percentage who attend weekly.

Though these data suggest that Cubans attend church less, it is not clear why this is so. High disability is reported among Cubans; this could interfere with church attendance. Another explanation could be that Cubans moved at a later age from their homeland. It is possible that churches encountered in this country do not meet Cubans' cultural expectations. The conclusion is that church attendance is relatively high among older Hispanics in all subgroups. The patterns of attendance preclude an overall conclusion that any one group attends church more than another. More data analysis would be necessary to determine this issue.

In many communities, churches sponser activities of older citizens. Table 12:4 shows the participation of the older Hispanics in this study in church-sponsored activities. Older Other Hispanics participate most in such activities (18.3 percent), and older Cubans least. However, Cubans do attend on a "sometimes" basis in relatively the same proportion as the other groups.

5. Senior Citizens' Group Participation

Table 12:5 shows that a higher percentage of Puerto Ricans belong to a senior citizens' group than any other subgroup, a lower percentage of older Cubans than any other subgroup. Fifteen percent of Puerto Ricans, 14 percent of Other Hispanics, 11 percent of Mexican Americans, and 7 percent of Cubans belong to senior citizens' clubs. When asked whether they would like to join a group to keep informed, 70 percent of Puerto Ricans, 64 percent of Cubans, 56 percent of Other Hispanics, and 45 percent of Mexican Americans answered in the affirmative. Also, Table 12:5 shows that when asked whether they had heard of any senior citizens activities sponsored by their church, Puerto Ricans (39 percent) were the most likely to have been so informed, Cubans the least likely (19 percent). Table 12:5 suggests that Puerto Ricans are most likely to belong to a senior citizens' club. They also seem to be

more receptive to the idea of extending their senior citizen club activities than do the other subgroups. In addition, Puerto Ricans appear to know more of existing club activities than the other groups, particularly older Cubans.

B. Political Participation

During the past few years, older individuals in this country have come to see themselves as a group based on age -- one capable of political action, such as organizing in their interest and influencing legislation. The outcome of this perception has been the rise of elderly-inspired and initiated political organizations such as the American Association of Retired Persons (AARP), the National Retired Teachers Association (NRTA), the National Council on Aging (NCOA), and the Gray Panthers. According to Torres-Gil (1975), the recent surge in studies of political behavior of the elderly is in direct response to the rise of political organizations among this group.

Research findings have helped to specify political behavior throughout the life cycle and to clarify voting behavior of elderly populations. Some important findings, according to Atchley (1979), are: (1) Older people vote in about the same proportions as they did when they were middle-aged. Each age cohort apparently develops its own level of participation, which remains relatively stable throughout life. (2) Years of affiliation, not age itself, produce a strong party identification. (3) Education has a significant impact on the age pattern of voting. In the 1976 November election, the most educated of both sexes voted in larger percentages, but when controlled for education, men out-voted women, especially where education was low, in both male and female groups.

While there have been many important contributions to knowledge about political behavior, very little has been learned about the political activities of older Hispanics. One important paper is that of Torres-Gil (1975), in which he reported the findings of two studies. One study was a random sample of 106 Mexican American elderly in San Jose, California, and the second a study conducted in Los Angeles, California, focusing on 1,269 Blacks, Mexican Americans, and Anglos. This study investigated many problems of the elderly. In general, Torres-Gil found that although political activism was low, voting rates, political awareness, and political efficacy were relatively high among the Mexican American elderly. The author attributed the low rates of direct political activism to factors such as socioeconomic status, historical experience, and other causes -- including fear and intergenerational differences.

1. Voting Statuses and Practices of Older Hispanics

Table 12:6(A) shows the registration statuses of older Hispanics. It will be noted that registration among Puerto Ricans is significantly higher than that of any other group. 68 percent of Puerto Ricans are registered to vote. This compares with only 25 percent of Cubans. The most obvious explanation for the variation in percentage registered is to be found in voter eligibility constraints. For instance, 69 percent of older Cubans reported "ineligibility." On the other hand, Puerto Ricans do not have ineligibility or citizenship problems. One could argue that differences in eligibility alone render futile further comparisons of group registration behavior.

Table 12:7 shows that if we consider only those who are eligible to register, Cubans and Other Hispanics are

equally likely to become registered voters; only 17 percent of each group are not registered. If we consider only eligible Cubans, we see that they show high political participation. This finding suggests that Cubans represent a potential for high political participation, given the absence of constraints.

Tables 12:6 (B) and (C) show that Puerto Ricans voted most often in both the last local election and the last presidential election (1976 election). In each subgroup, approximately five percent more older Hispanics voted in presidential elections than in local elections. One of the consistent election result findings has been that people tend to vote in higher proportions in national elections.

2. Party Preference During Last Election

Table 12:8 shows preference of voters during the last election. Except for Cubans, who show a slight preference for the Republican Party (11 percent to 9 percent), older Hispanics overwhelmingly show a preference for the Democratic Party. Interestingly, very few of these older individuals indicate that they "don't know" their party preference. This finding suggests a degree of political consciousness one might not expect to find among individuals of very low income.

The party preference of non-voters during the last election is shown in Table 12:9. A comparison of Table 12:8 and Table 12:9 shows that among both voters and non-voters, the choice is the Democratic Party. However, within subgroups, the degree of party affiliation varies somewhat. For instance, among Mexican Americans and Puerto Ricans, those who voted reported higher percentages of Democratic preference than those who did not vote.

Among Other Hispanics, the opposite was true: those who did not vote expressed more preference for the Democratic Party. The preference was maintained by voters and non-voters alike. These findings are interesting but not especially clear. One could hypothesize, -- taking a clue from the Mexican American example of voter and non-voter preferences -- that voters held a more pronounced party affiliation than non-voters. But this fails to explain why non-voting Other Hispanics preferred the Democratic Party.

3. Main Reasons for Not Voting

The main reasons that voters reported for not voting in the last election are shown in Table 12:10. Most often given was the reason "not registered." Of those eligible to vote who did not vote, 55.6 percent of Other Hispanics, 51.1 percent of Mexican Americans, 50 percent of Cubans, and 40.4 percent of Puerto Ricans did not vote because they were not registered. The next most often used reason varied by subgroup. Among Mexican Americans, this reason was "sickness;" among Cubans, "other;" among Puerto Ricans, "didn't care to vote;" and among Other Hispanics, exactly the same percentage (14.8 percent) reported "didn't care to vote" as reported "other." From these findings, we can conclude that apathy, sickness, and a variety of other personal reasons kept individuals from voting. While not a major difficulty, transportation was given as a reason by 4.7 percent of Mexican Americans, 2.1 percent of Puerto Ricans, and 3.7 percent of Other Hispanics. Cubans did not mention transportation as a problem.

4. Correlates of "Not Registered to Vote"

The "not registered to vote" group was analyzed in terms of "have great difficulty with forms writted in English" and yearly family income. The results of the findings are shown in Tables 12:11 and 12:12.

Table 12:11 indicates that within the Mexican American and Other Hispanic groups, those who are not registered have significantly more difficulty with forms written in English than those who are. Among Puerto Ricans and Cubans, language is a major difficulty for both those who are registered and those who are not. Difficulty with forms, however, does not significantly deter voting behavior.

Puerto Ricans tend to register, though they may not vote. Table 12:6 indicates that Puerto Ricans have the largest percentage of registered non-voters (44 percent in the 1976 local election). According to these data, removing eligibility constraints does not alone insure voter participation. More in-depth analysis is required to do justice to the complex relationships reflected in these data on political participation.

Table 12:12 shows registration behavior of those with family incomes below $5,000 per year. Within subgroups, significant relationships exist, indicating that those with incomes over $5,000 per year are more apt to be registered. Only among Puerto Ricans is the trend not significant.

5. Political Awareness

There are many approaches to the study of people's political awareness. One approach is to ascertain the degree of knowledge of important political issues and figures. In this study, older Hispanics were asked to name one United States senator from their particular state. The underlying assumption was that those individuals who could correctly name one of their United States senators would have more political awareness than an individual who could not correctly name one of his/her senators. Table 12:13 shows the outcomes when eligible voters were asked to name one of the U.S. senators from their state. This table presents interesting findings that suggest a dimension not tapped by the analysis of voting behavior. Other Hispanics more often named one senator from their state correctly (34 percent); 20.3 percent of Cubans, 18.5 percent of Mexican Americans, and 10.8 percent of Puerto Ricans. It should be noted that 50 percent or more of each subgroup failed the test to name one senator. It appears that older Hispanics have relatively low awareness of political leadership, though Other Hispanics showed a higher degree of knowledge of their United States senator than did any of the other subgroups. This finding suggests that participation is higher than knowledge, and leads to a recommendation that ways be initiated to increase older Hispanics' knowledge of their elected officials. One of the most obvious possible explanations for lack of knowledge is difficulty with language. Any effort to correct this problem would have to consider the monolingualism of a high percentage of older Hispanics.

6. 1970 Census

Table 12:14 demonstrates the responses of older Hispanics when asked whether they had filled out a 1970 Census questionnaire. Fifty-six percent of Mexican Americans, 46 percent of Other Hispanics, 41 percent of Puerto Ricans, and 22 percent of Cubans indicated that they had so complied and had been a part of the Census count. Table 12:14 also shows that Mexican Americans responded positively to the census questionnaire in significantly larger percentages than did Cubans, Puerto Ricans, or Other Hispanics.

Puerto Ricans were the least likely to have filled out the questionnaire. This finding is especially interesting because Puerto Ricans have no concerns over illegal status or other other difficulties of citizenship. Fifty-five percent of Puerto Ricans did not complete the questionnaire.

Cubans were the most likely not to have lived in the country at the time of the 1970 Census (15 percent). Eighteen percent of Cubans could not remember if they had filled out a census questionnaire. This raises the question of whether or not memory is clear after the passage of almost ten years. One argument is that one's memory would probably be very foggy about a routinely completed matter of this type. On the other hand, memory would probably be considerably more accurate if a concerted effort had been made not to fill out the questionnaire. It can probably be safely assumed that a very large proportion of those who reported that they lived in the United States but did not fill out the 1970 questionnaire actually did not do so. Even so, an undercount equal to the percentages named in Table 12:14 casts grave doubt on census data counts for 1970. Fifty-five percent of Puerto Ricans, 41 percent of Other Hispanics, 44 percent of Cubans, and 37 percent of Mexican Americans who lived in the U.S. did not fill out the census questionnaire that year.

To understand the reasons older Hispanics give for why the government takes the census, they were asked, "Why does the government take the census?" Answers to the question are shown in Table 12:15. The highest percentage of individuals in each subgroup reported that the objective of the census is "to count people." Seventy percent of both Mexican Americans and Puerto Ricans, 65 percent of

Other Hispanics, and 60 percent of Cubans gave this answer. The second most popular reason given was "to know where people are." Almost one-fifth of all groups reported this as the reason. Alternatives that received very low response rates were: "to find out where the illegal aliens are" and "government doesn't want too many people living in one house."

C. Agency Contact

The questions asked in this section have a twofold purpose. The first objective is to collect data on the number of instances of agency contact by older Hispanics. The second objective is to obtain older Hispanics' perceptions of the agency's response.

A fair amount of literature has concluded that discrimination against minorities is pervasive in our society and that it is expressed both covertly and overtly on a regular basis (Christmas, 1977; Glazer, 1975; Fein, 1972; Strauss, 1969; Padilla, 1971; Cervantes, 1972; Serrano, 1973; Cadena, 1973). Christmas (1977) describes the response of the health care institution to minorities in this way:

> Minorities are less healthy than Whites. They receive less health care than Whites of comparable economic status, and the care they do receive is of lower quality and less appropriate to their health needs. They are discriminated against in the allocation of public funds for health care, including Medicaid and Medicare. They are underrepresented in the health professions, as providers, administrators, and planners, and in other positions of authority, decision-making, and control.

Regarding the perceptions of discrimination by minorities, Ragan and Bengston (1977), in a community study in Los Angeles, California, found that the overwhelming majority

(60 percent - 88 percent) of each ethnic subsample perceived that both race and age discrimination were common in the country today. Between one-fifth and one-half of each ethnic subsample (Anglo, Black, and Mexican American) reported that their own friends and acquaintances had experienced either race or age discrimination.

1. Percentage of Agency Contact

Older Hispanics were asked whether they had contacted a government agency during the past 12 months. The findings are shown in Table 12:16. Cubans are the most likely to have visited a governmental agency, Mexican Americans the least likely. Thirty-four percent of Cubans visited at least one agency during the past 12 months. This compares with 26 percent of Puerto Ricans, 23 percent of Other Hispanics, and 22 percent of Mexican Americans. The differences between Cubans and Other Hispanics is significant, as is the difference between Cubans and Mexican Americans -- both shown in Table 12:16.

2. Name of Agency

Table 12:17 shows the name of agencies and the percentage of those contacting an agency during the past 12 months who communicated with the particular agency. Mexican Americans and Other Hispanics were most apt to have contacted public assistance in the event of government agency contact. On the other hand, Cubans and Puerto Ricans were most likely to have visited a Social Security office. It should be noted that the number of individuals who contacted an agency within each subgroup is relatively small (See Table 12:16).

The most interesting finding in this table is the low contact of agencies by older Hispanics. Consider that only 25.8 percent of Puerto Ricans who had visited agencies contacted public assistance. In terms of need, as shown in Table 8:8, one would expect considerably higher contact. In Table 8:8, 74.2 percent of Puerto Ricans indicated a need for food stamps. These data suggest that for some reason, Puerto Ricans are especially reluctant to communicate with agencies. It is also interesting to note that Puerto Ricans did not contact the housing authority even though, according to Table 8;8, 40.3 percent need assistance with rent.

A comparison of Table 8:8 and Table 12:17 indicates that a very large gap exists between need and agency contact. Even in the face of need, many older Hispanics do not go to agencies. The agency can hardly be faulted for not responding to need if it has not been made aware of such need. On the other hand, this finding does provide direction toward reducing the differential between need and use. A main recommendation is that agencies be made more culturally sensitive to the individuals they serve. Perhaps they should be geographically located in the "high need" areas. They should be staffed by bilingual personnel who understand the general problems confronting the aged in that locale. These data indicate that older individuals are very reluctant to ask for help even in the face of serious need.

The case of Puerto Ricans was used merely as an illustration, because their case seems extreme. But other gaps are just as glaring. For instance, Table 12:17 shows that 1.2 percent of older Mexican Americans have visited a Medical/Medicaid agency. Yet 51.6 percent of Mexican Americans note in Table 8:8 that medical assistance is needed. Among Cubans, none have visited Medicaid, though 57.7 percent indicate a need for medical assistance. These are specific examples of a problem that seems to pervade the entire system and interfere with providing services to the "neediest of the needy."

3. Difficulties with Agencies

Respondents were asked whether they had experienced difficulties with agencies. 5.2 percent of Mexican Americans, 2.4 percent of Cubans, 6.4 percent of Puerto Ricans, and 4 percent of Other Hispanics reported that they had had difficulty. The difficulties most often named by the different subgroups were as follows: Mexican Americans most often named "did not qualify, or refused service" and "respondent kept waiting too long;" Cubans "some or all of aid was cut to respondent;" Puerto Ricans "did not qualify, or refused service" the bigger problem, followed by "respondent did not receive assistance;" Other Hispanics "respondent did not receive assistance," "too much red tape," and "language difficulties." These data suggest that discontent exists, the consequences of individuals feeling that their needs are not being met by agencies. Nevertheless, these difficulties with agencies can account for only a small proportion of the unmet needs of older Hispanics.

4. Satisfaction with Agency Contact

Table 12:18 shows the responses when older Hispanics were asked to assess their satisfaction with agency contact. 70.4 percent of Mexican Americans reported that they were either very satisfied or satisfied. This compares with 90.3 percent of Cubans, 72.7 percent of Other Hispanics, and 60 percent of Puerto Ricans. This table seems to denote inconsistencies between evaluation of agencies and

evaluation of programs for assistance. It will be recalled that 33.3 percent of Cubans who use the food stamp program evaluated the program negatively. We can only conclude from the findings in Table 12:18 that older Cubans do not blame the agency for the deficiencies of the program. A more detailed analysis will clarify some of the complex relationships that these data pose.

D. Discrimination

Older Hispanics were asked whether they had perceived discrimination because of age, origin, or sex. The outcomes are shown in Table 12:19. The categories considered are employment, housing, education, and health care.

The highest perceived discrimination in the area of employment seems to be due to origin. It is worth noting that 7 percent of the individuals in each ethnic group have perceived discrimination in employment which they believe to be related to origin. In employment, age is the second greatest area of discrimination, viewed by older Hispanics. No Puerto Ricans, and only 1 percent each of Mexican Americans and Cubans, reported that they had been the focus of discrimination due to sex. This compares with 3 percent of Other Hispanics.

Discrimination in the areas of housing, education, and health is also likely to be seen by older Hispanics to be due to origin, with the second highest discriminatory factor to be that of age. Sex discrimination is perceived as minimal.

The discrimination reported is generally very low. Older Hispanics are more sensitive to discrimination because of origin, though they are also quite sensitive to age discrimination. Sex discrimination is less perceived. One explanation for low reporting of sex discrimination is that in this sample, approximately half the respondents were males, each of whom was unlikely to report sex discrimination.

E. Summary and Conclusions

The purpose of this chapter has been to investigate the interaction between older Hispanics and social organizations, political organizations, and agencies, as well as determine the extent to which older Hispanics perceive discrimination in certain important areas.

Social organizations of older Hispanics were analyzed in terms of family, relatives, friends, church, and senior citizens' organizations. Family organization varies somewhat by subgroup. These data indicate that Cubans are the most apt to be married; Puerto Ricans to live alone; and Mexican Americans to have more children. However, the interaction between older Hispanics and children who do not live with them is similar among subgroups. These data suggest that support systems exist, though it is suspected that the type of support may be more emotional than financial. It is suspected that those who live alone are the group least integrated into a viable social support system, and hence have the greatest need for governmental intervention. With regard to visits with relatives, Other Hispanics visit the most. This is significant, because Table 7:9 shows that Other Hispanics are the only subgroup who depend on relatives for help in time of illness. This help includes, for example, bathing the individual and taking him/her to the doctor. Thus, for Other Hispanics, relatives constitute a support system that is most valuable in times of need. The extent to which relatives would or could help with financial support is not known.

The social networks of Other Hispanics also include friends with whom they visit more than do any of the other groups.

The church is no doubt very important to the majority of older Hispanics. However, the impact in terms of a viable support system is difficult to assess. Cubans attend church less than other groups, though much of this low attendance may be due to disability. The church is probably most important in terms of emotional support. Table 7:21 shows "who helped with family problems?" The church does not usually help with these problems as much as relatives do.

Puerto Ricans are most apt to attend senior citizens' groups. One explanation is that Puerto Ricans live in an urban area where the availability to centers is higher. Another explanation is that the inducement of hot meals may be a powerful motivator, especially for those living alone. For those who use the centers for hot meals, the conclusion is that centers constitute a positive integrating social force that supplies both emotional and financial support (in the form of prepared food).

Concerning political participation, between two-thirds and three-fourths of all older Hispanics who are eligible to vote are registered. However, 32 percent of Mexican Americans, 69 percent of Cubans, and 47 percent of Other Hispanics are ineligible to vote because of illegal or other citizenship status. Older Mexican Americans vote predominantly Democratic, except for Cubans, who vote Republican. Those who are not registered tend to have greater difficulty with forms written in English (the exception is Cubans) and to have incomes of less than $5,000 per year. Political awareness (in terms of naming one senator from the respondent's state) was investigated. Older Other Hispanics were the most apt to name one senator correctly (34 percent). These data suggest that older Hispanics have a high interest in the political process or party affiliation, as indicated by the percentage registered. On the other hand, knowledge of elected officials is low. We assume that the potential for a politically active group exists. Education and leadership are needed.

It is worth noting that a high percentage of older Hispanics reported that they were in the United States during the time of the 1970 Census enumeration and that they did not participate. Fifty-five percent of Puerto Ricans, 44 percent of Cubans, 41 percent of Other Hispanics, and 34 percent of Mexican Americans reported that they did not fill out the census questionnaire. These responses indicate the undercount of older Hispanics in the 1970 Census.

Contact with agencies by older Hispanics is relatively low. Thirty-four percent of Cubans, 26 percent of Puerto Ricans, 23 percent of Other Hispanics and 22 percent of Mexican Americans contacted an agency during the 12 months preceding the interview. Public assistance and Social Security were contacted most often. Reported difficulties with agencies were relatively low and tended to be in the form "did not receive the service needed." Older Hispanics are generally satisfied with agency contact. The conclusion is that individuals tended to be dissatisfied with agency results more than with the contact situation. These data suggest that agencies should fortify their efforts to seek out individuals most in need and to make every effort to meet their needs.

The greatest perceived discrimination is from origin, followed by age. This applies in the areas of employment, housing, education, and health care. Education is a buffer against discrimination in any form. Agencies should be aware that older Hispanics perceive discrimination as a problem, and every effort should be made to see that both overt and covert forms are expunged. An enlightened world offers no sanctum to discrimination.

TABLE 12:1

FREQUENCY OF CONTACT WITH CHILDREN AMONG OLDER HISPANICS

Have you visited with children who do not live with you during the past week?	Mexican Americans	Cubans	Puerto Ricans	Other Hisps.
Yes	53 %	57.2%	53.4%	59.5%
No	47 %	42.8%	46.6%	40.5%
Had daily visits	12.5%	15.7%	10.2%	16.3%
TOTAL N =	(981)	(166)	(206)	(153)

TABLE 12:2

FREQUENCY OF CONTACT WITH RELATIVES AMONG OLDER HISPANICS

Have you visited with relatives during the past week?	Mexican Americans	Cubans	Puerto Ricans	Other Hisps.
Yes	45.3%	55.1%	44.3%	56.5%
No	54.7%	44.9%	55.7%	43.5%
Had daily visits	5.3%	5.8%	6.1%	11.0%
TOTAL N =	(1149)	(207)	(230)	(191)

"Between group" significances, Yes:

Other Hispanics and Puerto Ricans	$P < .01$
Other Hispanics and Mexican Americans	$P < .01$

TABLE 12:3

FREQUENCY OF CONTACT WITH FRIENDS AMONG OLDER HISPANICS

Have you visited with friends during the past week?	Mexican Americans	Cubans	Puerto Ricans	Other Hisps.
Yes	60.5%	61.2%	59.1%	72.1%
No	39.5%	38.8%	40.9%	27.9%
Had daily visits with friends	12.3%	9.6%	15.9%	21.3%
TOTAL N =	(1156)	(209)	(232)	(197)

"Between group" significances, Yes:

Other Hispanics and Cubans	$P < .05$
Other Hispanics and Mexican Americans	$P < .01$
Other Hispanics and Puerto Ricans	$P < .001$

35

TABLE 12:4

ATTENDANCE OF OLDER HISPANICS AT SENIOR CITIZEN GROUP MEETINGS SPONSORED BY CHURCH

How often do you participate in Senior Citizen group activities sponsored by your church?	Mexican Americans	Cubans	Puerto Ricans	Other Hisps.
Very often or often	17 %	2.5%	16.5%	18.3%
Sometimes	21.9%	22.5%	25.3%	21.7%
Rarely or never	61.1%	75.0%	58.3%	60.0%
TOTALS	100.0%	100.0%	100.1%*	100.0%
TOTAL N =	(306)	(40)	(91)	(60)

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*Due to rounding, percentage does not equal exactly 100.

360

TABLE 12:5

PARTICIPATION OF OLDER HISPANICS IN SENIOR CITIZENS' GROUPS

Participation	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Do you belong to a senior citizens' club?				
Yes	11%	7%	15%	14%
No	89%	93%	85%	86%
TOTALS	100%	100%	100%	100%
TOTAL N =	(1162)	(209)	(234)	(198)
Would you like to join a group which would keep you informed on senior citizen affairs?				
Yes	45%	64%	70%	56%
Have you heard of any senior citizens' activities sponsored by your church?				
Yes	26%	19%	39%	29%

TABLE 12:6

POLITICAL PARTICIPATION OF OLDER HISPANICS BY ETHNIC SUBGROUP

Voter Information	Mexican Americans	Cubans	Puerto Ricans	Other Hisps.
(A) Are you a registered voter?				
Yes	48%	25%	68%	43%
No	20%	5%	31%	9%
Ineligible to vote	32%	69%	1%	47%
TOTALS	100%	100%	100%	100%
(B) Did you vote in the last local election?				
Yes	38%	16%	56%	34%
No	30%	14%	44%	19%
Ineligible to vote	32%	69%	1%	47%
TOTALS	100%	100%	100%	100%
(C) Did you vote in the last presidential election?				
Yes	41%	22%	60%	39%
No	28%	9%	40%	14%
Ineligible to vote	32%	69%	1%	47%
TOTALS	100%	100 %	100%	100%
TOTAL N =	(1162)	(209)	(234)	(198)

"Between group" significances, percentage who are registered:

Puerto Ricans and Mexican Americans	$P < .001$
Puerto Ricans and Other Hispanics	$P < .001$
Puerto Ricans and Cubans	$P < .001$

TABLE 12:7

REGISTRATION PRACTICES OF ELIGIBLE OLDER HISPANICS

Registered to vote?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Yes	70.8%	82.8%	68.7%	82.7%
No	29.2%	17.2%	31.3%	17.3%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(792)	(64)	(233)	(104)

TABLE 12:8

PARTY PREFERENCE OF VOTERS DURING LAST ELECTION BY ETHNIC SUBGROUP

Voting Pattern of Older Hispanics	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Democratic	36%	9%	57%	32%
Republican	2%	11%	2%	7%
Independent	1%	-	-	-
Don't know	1%	2%	-	-
Not registered	20%	5%	31%	9%
Registered, did not vote	8%	3%	11%	4%
Not eligible	32%	69%	-	47%
TOTALS	100%	99%*	101%*	99%*
TOTAL N =	(1162)	(209)	(234)	(198)

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*Totals do not equal exactly 100% because of rounding.

364

TABLE 12:9

PARTY PREFERENCE OF NON-VOTERS DURING LAST ELECTION BY ETHNIC SUBGROUP

Party Preference of Older Hispanics	Mexican Americans	Cubans	Puerto Ricans	Other Hisps.
Democratic	65.9%	31.6%	53.8%	73.1%
Republican	9.1%	21.1%	6.5%	15.4%
No preference	21.3%	26.3%	33.3%	7.7%
Other	3.7%	21.0%	6.4%	3.8%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(296)	(19)	(93)	(26)

TABLE 12:10

MAIN REASON FOR VOTERS NOT VOTING IN LAST ELECTION

Reason Reported	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Not registered	51.1%	50 %	40.4%	55.6%
Didn't care to vote	15.1%	-	30.9%	14.8%
No transportation	4.7%	-	2.1%	3.7%
Sickness	17.7%	22.2%	16.0%	11.1%
Other	11.4%	27.8%	10.6%	14.8%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(317)	(18)	(94)	(27)

TABLE 12:11

PERCENTAGE NOT REGISTERED TO VOTE BY "HAVE GREAT DIFFICULTY WITH FORMS WRITTEN IN ENGLISH"

Have difficulty with forms?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
No	38.1%	54.5%	26.0%	38.9%
Yes	61.9%	45.4%	74.0%	61.1%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(231)	(174)	(156)	(109)

"Within group" significances:

Mexican Americans	chi-square = 143.0, df = 4, $P < .001$
Other Hispanics	chi-square = 69.9, df = 4, $P < .001$

TABLE 12:12

PERCENT WITH YEARLY INCOME UNDER $5,000 WHO ARE REGISTERED TO VOTE

Registered to Vote?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
No	23.5%	4.2%	32.3%	10.7%
Yes	45.5%	17.6%	67.1%	34.8%
Not eligible to vote	31.0%	78.2%	.6%	54.5%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(677)	(199)	(161)	(121)

"Within group" significances, income and registered to vote:

Mexican Americans chi-square = 13.72, df = 2, $P < .001$
Cubans chi-square = 9.62, df = 2, $P < .01$
Other Hispanics chi-square = 10.25, df = 2, $P < .01$

TABLE 12:13

ABILITY OF ELIGIBLE VOTERS TO NAME ONE UNITED STATES SENATOR FROM RESPONDENT'S STATE

	Mexican Americans	Cubans	Puerto Ricans	Other Hisps.
Named one correctly	18.5%	20.39%	10.8%	34.0%
Named one incorrectly	15.9%	26.6 %	29.4%	16.0%
Could not name one senator	65.6%	53.1%	59.7%	50.0%
TOTALS	100%	100%	99.9%	100%
TOTAL N =	(791)	(64)	(231)	(106)

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*Due to rounding, total percentages do not equal exactly 100.

"Between group" significances, "named one correctly":

Other Hispanics and Cubans	$P < .05$
Other Hispanics and Mexican Americans	$P < .001$
Other Hispanics and Puerto Ricans	$P < .001$

TABLE 12:14

RESPONSE OF OLDER HISPANICS TO 1970 CENSUS QUESTIONNAIRE BY ETHNIC SUBGROUP

Response**	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Filled out questionnaire	56%	22%	41%	46%
Did not fill out questionnaire, but lived in U.S.	37%	44%	55%	41%
Did not live in U.S.	3%	15%	4%	5%
Can't remember	4%	18%	-	5%
No answer	1%	-	-	4%
TOTALS	101%*	99%*	100%	100%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Due to rounding, percentages do not equal exactly 100.

**The question asked whether the respondent or spouse had filled out the 1970 census questionnaire.

"Between groups' significances, "filled out questionnaire":

Mexican Americans and Other Hispanics	$P < .01$
Mexican Americans and Puerto Ricans	$P < .001$
Mexican Americans and Cubans	$P < .001$

TABLE 12:15

REASONS REPORTED BY OLDER HISPANICS THAT EXPLAIN WHY THE GOVERNMENT TAKES THE CENSUS

Reasons Given	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
To know where people are	17%	19%	18%	21%
To help people	6%	14%	6%	11%
To count people	70%	60%	70%	65%
For tax purposes	-	1%	-	-
No answer	6%	6%	5%	3%
TOTALS	99%*	100%	99%*	100%
TOTAL N =	(1162)	(209)	(234)	(198)

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*Due to rounding, percentages do not equal exactly 100.

TABLE 12:16

PERCENTAGE WHO HAVE CONTACTED OR VISITED A GOVERNMENT AGENCY DURING THE PAST YEAR

Have contacted or visited a government agency?	Mexican Americans	Cubans	Puerto Ricans	Other Hisps.
Yes	22%	34%	26%	23%
TOTAL N =	(1162)	(209)	(234)	(198)

"Between group" significances, Yes:

Cubans and Other Hispanics $P < .05$
Cubans and Mexican Americans $P < .01$

TABLE 12:17

NAME OF GOVERNMENT AGENCY MOST OFTEN CONTACTED BY THOSE WHO HAD CONTACTED AN AGENCY IN THE PAST 12 MONTHS BY ETHNIC SUBGROUP

Name of Agency	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Public Assistance (welfare, food stamps)	35.5%	37.5%	25.8%	35.6%
Social Security (retirement, widows, disability)	32.7%	41.7%	29.0%	22.2%
Housing Authority	2.0%	1.4%	-*	4.4%
Supplemental Security Income Office	6.8%	-	8.1%	-
Medical - Medicaid	1.2%	-	8.1%	6.7%
Community Centers	4.0%	2.8%	8.1%	4.4%
Other (miscellaneous offices)	17.8%	16.6%	20.9%	26.7%
TOTALS	100.0%	100.0%	100.0%	100.0%
TOTAL N =	(251)	(72)	(62)	(45)

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*(-)indicates that the category is not applicable.

TABLE 12:18

SATISFACTION WITH OUTCOME OF CONTACT WITH GOVERNMENT AGENCY BY OLDER HISPANICS

Satisfaction	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Either very satisfied or satisfied	70.4%	90.3%	60.0%	72.7%
Either indifferent, dissatisfied, or very dissatisfied	29.5%	9.7%	40.0%	27.3%
TOTALS	99.9%*	100.0%	100.0%	100.0%
TOTAL N =	(254)	(72)	(65)	(44)

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*Total does not equal exactly 100% because of rounding error.

TABLE 12:19

PERCENTAGE OF OLDER HISPANICS WHO REPORTED PERCEIVED DISCRIMINATION, BY AREA OF DISCRIMINATION

Area	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Employment				
Age	6%	10%	5%	6%
Origin	7%	7%	7%	7%
Sex	1%	1%	-*	3%
Housing				
Age	1%	1%	2%	1%
Origin	2%	5%	4%	3%
Sex	-	-	1%	-
Education				
Age	3%	1%	1%	1%
Origin	5%	-	2%	1%
Sex	1%	-	-	1%
Health Care				
Age	2%	1%	3%	-
Origin	1%	-	4%	3%
Sex	1%	-	1%	-
TOTAL N =	(1162)	(209)	(234)	(198)

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*(-)indicates that the percentage reported equalled less than .5%.

375

XIII. LANGUAGE/MEDIA

Language is a resource. The value of being able to speak the language of the country in which one lives can hardly be overestimated. The ability to use the language permits access to social and institutional agencies, promoting communication in myriad ways.

Older Hispanics are singularly disadvantaged in their ability to communicate in English. This is true of many older Hispanics who have been born in this country or who have spent most of their lives here. The reason that many older Hispanics have not learned English is simply a matter of very little contact with Anglos and very little necessity to know English. Many barrios are relatively self-sufficient in terms of institutions such as schools and churches that communicate in Spanish. Many older Hispanics, especially women, leave the barrio infrequently.

There are many negative consequences of a language problem. Two of the main consequences are difficulty in communicating with institutional agencies and difficulty in getting around. Obviously, both these effects impose serious limitations on the health and safety of older individuals.

A. The Language of Preference

In this study, older Hispanics were asked several questions about their ability to communicate in bilingual modes and their preference in terms of language form. Table 13:1 shows the outcomes of three of the questions asked.

When asked "Which language do you speak most of the time?", 85.4 percent of Mexican Americans, 93.8 percent of Cubans, 90.6 percent of Puerto Ricans, and 75.7 percent of Other Hispanics named Spanish. This finding suggests that most older Hispanics are in communication with like kind most of the time and do not, on a regular basis, need to communicate in English. The implication is that there is no strong motivator to learn English.

Older respondents were asked to choose the language in which the interview was conducted. 84.8 percent of the Mexican Americans, 96.2 percent of the Cubans, 95.3 percent of the Puerto Ricans, and 76.3 percent of the Other Hispanics chose Spanish. Since this item is based on a language choice, it probably represents a more valid indicator of use than "Speak Spanish most of the time."

Next, older Hispanics were asked whether they found forms written in English to be very difficult, somewhat difficult, or not difficult at all. 66.6 percent of Mexican Americans, 83.3 percent of Cubans, 66.7 percent of Puerto Ricans, and 55 percent of Other Hispanics indicated that forms written in English were either very difficult or difficult to read and understand. This finding is somewhat dificult to interpret. Perhaps the most plausible explanation is that fewer older Hispanics have difficulty in speaking English. Even though this appears to be the most logical explanation, the argument is considerably weakened by two factors. First, reading in any language requires literacy. It is suspected that literacy among certain Hispanic groups is quite low, because formal education is very low (especially among Mexican Americans). Second, if one accepts the premise that written language is easier than spoken language for older Hispanics, one could logically expect to find the differential between "Spanish chosen for interview" and "Find forms written in English to be difficult" to be largest in the subgroup that has the highest education. This is not the case. Cubans have the highest education, but the differential between the two variables just mentioned is lower among Cubans than is true of any other group. This relationship is unclear at this time.

What seems to be totally clear is that Spanish is both the language of use and the language of choice. It also seems highly unlikely that this situation will change among the cohort of age 55 and over. Therefore, it becomes important for agencies to adjust their services to meet the needs of the clients they serve. The achievement of this goal includes an accommodation to a monolingual minority group (older Hispanics) at each phase of the service delivery system.

B. Mass Media

Carp (1968, 1969, 1970) has focused on the importance of understanding the ways in which information is gleaned by Mexican Americans. This understanding is important because it is vital that providers understand how to reach the clients they serve. In this study, questions were asked about use of the mass media and about the language in which this information is transmitted.

1. Access to Communication Media

Older individuals were asked whether they own a radio or a television, and whether they have a telephone. The reported results of the questions are contained in Table 13:2.

Ninety-one percent of Mexican Americans, 98 percent of Cubans, 95 percent of Puerto Ricans, and 90 percent of Other Hispanics have a radio. More individuals have a television, except in the case of Puerto Ricans, where more (95 percent to 90 percent) have a radio than a television. The highest percentage of televisions is found among Cubans, where 99 percent own a television. The lowest percentage is among Puerto Ricans.

The percentage with a telephone is somewhat lower than one might expect. Ninety-one percent of Cubans, 86 percent of Other Hispanics, 78 percent of Mexican Americans, and 66 percent of Puerto Ricans have a telephone. The conclusion is that Cubans have the greatest availability to the media of radio, television, and telephone. Other Hispanics have fewer radios, and Puerto Ricans have fewer televisions and telephones. This information is most useful in identifying the media that reach most individuals in the target population.

2. Use of Media

Older Hispanics were asked how often they watch television, listen to the radio, talk on the phone, read the newspaper, and read magazines. Table 13:3 gives the percentage of those who utilize these different media sources at least weekly.

Watching television is relatively consistent across groups, with an average of about 91 percent who watch television at least weekly. The percentage who listen to the radio at least weekly is somewhat lower. A comparison of Table 13:3 with Table 13:2 shows that more older Hispanics have radios than use them on a weekly basis or more. Having a radio does not insure use among this population.

Talking on the phone is the activity most likely to be done by the entire Hispanic population -- at least once a week. A comparison of Table 13:3 with Table 13:2 demonstrates that those who do not have a phone still manage to talk on the phone at least weekly.

Table 13:3 also shows that 75 percent of older Cubans read the newspaper at least weekly. This compares with 70 percent of Other Hispanics, 69 percent of Puerto Ricans, and 55 percent of Mexican Americans. The fact that Cubans are high and Mexican Americans low in this category suggests that the reading differences can probably be explained by educational differences between the two groups. Magazines are read less often by all subgroups. However, Cubans are the highest readers, with 66 percent reading at least one magazine per week. Mexican Americans are low, with only 37 percent reading one magazine on a weekly basis.

From the standpoint of the type of media, these data suggest that television reaches the most older Hispanics. Although almost all individuals talk on the phone on a weekly basis, fewer have telephones than televisions. The radio comprises the second largest Hispanic audience, followed by newspapers, and finally by magazines.

3. Language of Media Use

Figure 13:1 shows the language in which television is most often watched by older Hispanics. Cubans are the most apt to watch television in Spanish. Fifty-six percent of Cubans, 38 percent of Puerto Ricans, and 27 percent of both Mexican Americans and Other Hispanics report that they watch television mostly in Spanish. It is interesting to note that Other Hispanics are the most likely to report that they watch television mostly in English. Forty percent of Other Hispanics, 33 percent of Mexican

Americans, 22 percent of Puerto Ricans, and 11 percent of Cubans watch television mostly in English. The explanation for watching television in English by such a substantial proportion of the older Hispanic population may be explained by the limited programs that are available in Spanish. A side effect of watching television in English is considerable exposure to the English language. Another explanation for watching programs in English is that older Hispanics may be utilizing television as a learning device towards the mastery of English.

Table 13:4 shows the percentage of older Hispanics who mostly use only Spanish for radio, telephone, newspapers, and for magazines. Tables 13:5 and 13:6 show the percentages of individuals who read printed materials, by frequency. It will be noted that Cubans are the highest users of Spanish most of the time. Cubans' high use of newspapers and magazines written in Spanish suggests that such materials are available in and around Miami. On the other hand, only 15 percent of Mexican Americans read a newspaper printed in Spanish at least weekly. This again raises the question of availability. In the event that Spanish newspapers are inadequate or unavailable, it is possible that Mexican Americans substitute television as a news source.

Another interesting aspect of Table 13:4 is that 26 percent of Other Hispanics read newspapers mostly in Spanish. Mexican Americans and Other Hispanics have approximately equal urban/rural distibution. Therefore, it seems logical to assume that factors other than availability of newspapers in Spanish deter Mexican Americans from reading. Another explanation could be high illiteracy in any language.

C. Summary and Conclusion

This chapter has discussed language and the media. Among older Hispanics, Spanish is the language of preference and the language of highest use. 93.8 percent of Cubans, 90.6 percent of Puerto Ricans, 85.4 percent of Mexican Americans, and 75.7 percent of Other Hispanics report that they speak Spanish most of the time. The conclusion is that those who wish to communicate with older Hispanics must find ways to do so through the use of Spanish. For example, Cubans came to this coutry at an older age. As shown in Table 5:12, 57 percent arrived in the United States after age 50. Accordingly, it is highly probable that their proficiency in English remains rudimentary. Cubans' age of entry, present citzenship status, and conditions under which they left their homeland all suggest that further expectations of rapid assimilation of another language would be unrealistic.

Mexican Americans, though not new to this country, have tended to be excluded from mainstream society. They have lived together in barrios, which until the past few years were not penetrated by Anglo individuals or institutions. Therefore, the need to learn English -- especially for Mexican American women -- was almost nil. The necessity for older Hispanics to speak English is, therefore, partly a result of the Other Americans Act. Programs resulting from the Older Americans Act helped initiate communication between Anglos and older Hispanics. The point is that overnight proficiency in English will not happen. Agencies need to find effective ways to accommodate their Spanish-speaking population. In a community study of decision-making in Los Angeles, Kasschau and Torres-Gil (1977) found that more than 60 percent of the Mexican American decision-makers labelled the language barrier a critical problem for the ethnic elderly community, in contrast to only 17.9 percent of the White decision-makers and 12.5 percent of the Black decision-makers. Kasschau and Torres-Gil argued that the language barrier is a problem with considerable visibility in the decision-making community, and one to which Mexican American decision-makers are particularly attuned. Decision-makers and providers must become aware that language barriers constitute a problem in providing services.

Older Hispanics have high access to both television and radio, though television is somewhat more used. Ninety-one percent of Cubans, 86 percent of Other Hispanics, 78 percent of Mexican Americans and 66 percent of Puerto Ricans have telephones. In addition, almost all (99 percent) of older Hispanics talk on the phone at least weekly. Newspapers are read more than magazines, though neither written medium has the high use of television and radio.

The use of language for media presents a pattern that varies by subgroup. Regarding television, Other Hispanics are the group most apt to view programs in English (40 percent), followed by Mexican Americans (33 percent), Puerto Ricans (22 percent), and Cubans (11 percent). On the other hand, 56 percent of Cubans view mostly Spanish programs, followed by Puerto Ricans, 38 percent; and Mexican Americans and Other Hispanics with 27 percent.

It is important to reiterate that if one desires to communicate with older Hispanics, one must remember that they speak Spanish.

TABLE 13:1

USE OF SPANISH AND ENGLISH BY ETHNIC SUBGROUP

Language Use	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Speak Spanish most of the time	85.4%	93.8%	90.6%	75.7%
Speak English most of the time	14.6%	6.2%	9.4%	24.3%
Spanish chosen for interview	84.8%	96.2%	95.3%	76.3%
Find forms written in English either very difficult or difficult to read and understand	66.6%	83.3%	66.7%	55.0%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 13:2
ACCESS TO COMMUNICATION MEDIA

Do you own any of the following?	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Radio?				
Yes	91%	98%	95%	90%
Television?				
Yes	93%	99%	90%	94%
Telephone?				
Yes	78%	91%	66%	86%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 13:3

FREQUENCY OF MEDIA USE

Type of Media	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Watch TV at least weekly	91%	93%	90%	93%
Listen to radio at least weekly	84%	91%	92%	81%
Talk on phone at least weekly	99%	99%	99%	100%
Read newspapers at least weekly	55%	75%	69%	70%
Read magazines at least weekly	37%	66%	43%	47%
TOTAL N =	(1162)	(209)	(234)	(198)

386

TABLE 13:4

PERCENTAGE WHO COMMUNICATE MOST OF THE TIME IN SPANISH, BY TYPE OF MEDIA

Type of Media	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Radio	45%	74%	56%	35%
Telephone	42%	74%	50%	44%
Newspaper	15%	55%	24%	26%
Magazines	13%	51%	24%	20%
TOTAL N =	(1162)	(209)	(234)	(198)

TABLE 13:5

PERCENTAGE WHO READ NEWSPAPERS BY FREQUENCY OF READING

Frequency of Reading	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Never	45%	25%	31%	30%
Occasionally	29%	37%	35%	33%
Daily	26%	38%	34%	37%
TOTALS	100%	100%	100%	100%
TOTAL N =	(1162)	(209)	(234)	(198)

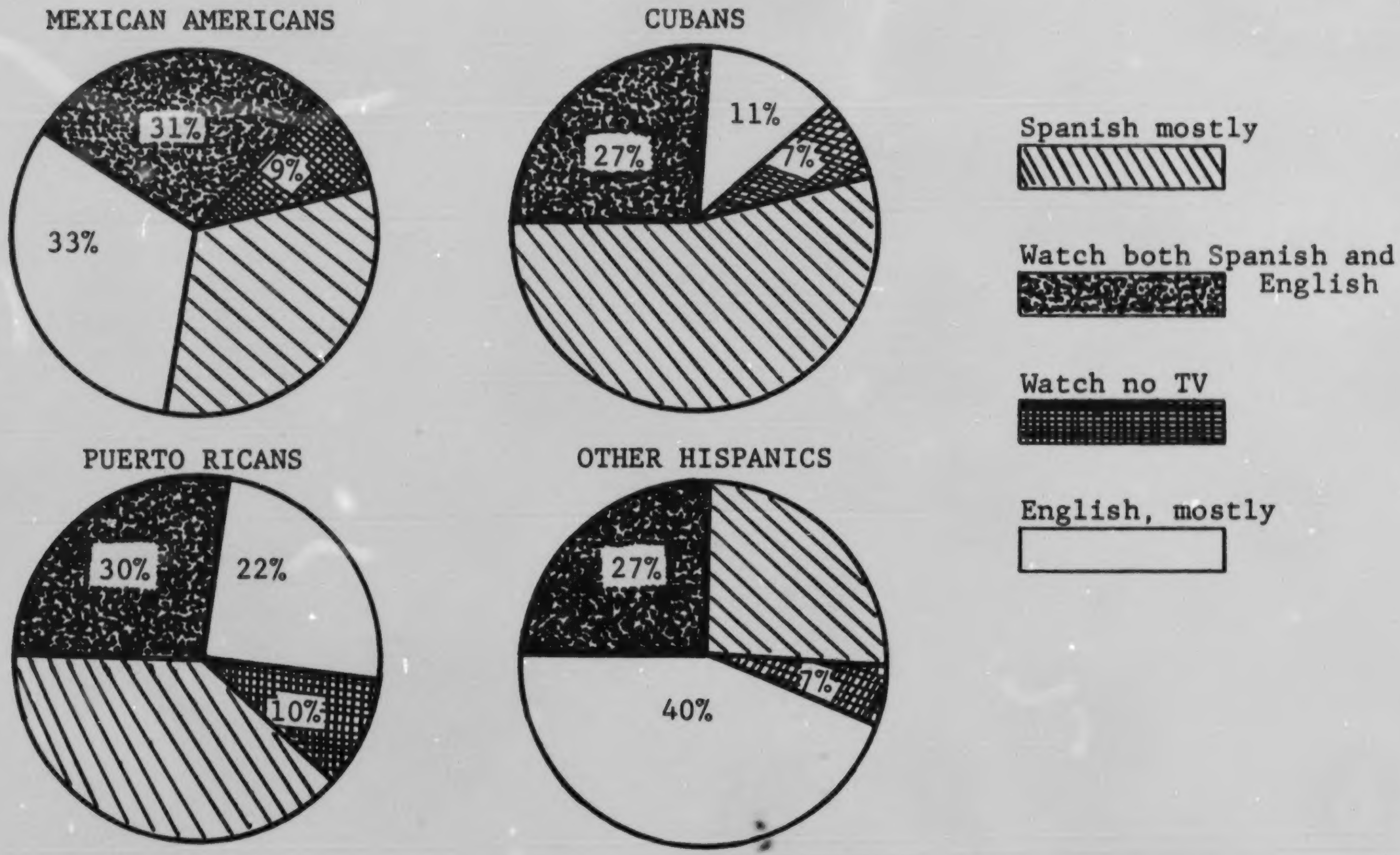
TABLE 13:6

PERCENTAGE WHO READ MAGAZINES BY FREQUENCY OF READING

Frequency of Reading	Mexican Americans	Cubans	Puerto Ricans	Other Hispanics
Never	63%	34%	-	53%
Occasionally	27%	50%	91%	32%
Daily	10%	16%	9%	15%
TOTALS	100%	100%	100%	100%
TOTAL N =	(1162)	(209)	(234)	(198)

FIGURE 13:1

LANGUAGE USE IN TELEVISION WATCHING



XIV. IMPLICATIONS, RECOMMENDATIONS, AND SUMMARY

The findings from this study have numerous implications for policymakers, social scientists, the Hispanic community and society in general. The discussion that follows will from time to time relate to each of these areas. However, the main purpose of the discussion will be to examine the implications of this study in terms of social policy.

Several important implications have already been presented, and will not always be reiterated here. Instead, some topics of particular interest have been selected for discussion here. These are: the importance of language, the viability of formal and informal support systems, most important perceived problems, life conditions of ethnic groups, recommendations for future research, and recommendations for policymakers.

A. The Importance of Language

The almost exclusive use of Spanish and the resulting problems in communication with members of the dominant society are the factors that most dramatically set older Hispanics apart from other poor older individuals. One main implication for social policy has to do with the degree to which language influences the use of social services. In a study of the degree to which ethnic vs. White decision-makers reflect the sentiments of their constituencies, Kasschau and Torres-Gil (1975) found that 60 percent of Mexican-American decision-makers labelled the language barrier a critical problem for the ethnic elderly community, in contrast to only 17.9 percent of the Anglo decision-makers and 12.5 percent of the Black decision-makers. The researchers concluded that ethnic decision-makers were much more in tune with the important problems of the elderly in their communities than were the Anglo decision-makers. This conclusion was based on the finding that 41.1 percent of the residents interviewed requested that the interview be conducted in Spanish. While Mexican American decision-makers were more apt to couch the problem of communication in terms of "language," White and Black decision-makers were more apt to identify the problem as "lack of education."

In the present study, 86 percent of the older Hispanics chose to be interviewed in Spanish. The overwhelming proportion of older Hispanics who opt to communicate in Spanish over English indicates in unambiguous terms that the language preference as well as the language skills of this older group are mostly restricted to Spanish. Further, the choice of language can be taken as a clear indicator of the saliency of culture. Therefore, we can conclude with considerable certainty that older Hispanics would prefer to be served by institutional representatives who not only speak their language, but also are familiar with their culture.

News sources also have important implications for the transmission of information. The use of the media by older Hispanics shows that access to and the use of telephone, television, and radio are high. On the other hand, newspapers are read at least weekly by only a little more than one-half of all subgroups. Magazines are read on a regular basis by a somewhat smaller percentage. From these findings, it can be concluded that the probability of reaching the older Hispanic population is highest when the communication is mediated through television or radio. Newspapers (including Spanish language newspapers) reach fewer individuals than do television and radio. With regard to the language of communication via the mass media, these data suggest that Spanish is the language that will reach older Hispanics with the highest degree of certainty. On the other hand, it will be remembered that a relatively large proportion of older Hispanics watch some television programs in both languages. The problem is that the degree to which the English version programs are understood by the older Hispanic is not known. The variety of programs available in English may prompt the watching of shows where little of the language is understood. The decided preference for Spanish reported by the respondents clearly suggests that Spanish is not only the preferred language of communication, but that it is the language in which older Hispanics are proficient.

B. The Viability of Formal and Informal Support Systems

Researchers, providers, and policymakers generally agree that older persons who have support systems in the community have a high probability of remaining in the community rather than requiring long-term institutional care. Data from this needs assessment study show that informal support networks provide the Hispanic elderly with emotional support, but with little financial support. Informal systems therefore cannot usually support older Hispanics fully. Nor are formal support networks a completely viable alternative for older Hispanics needing assistance. This study indicates that the Hispanic elderly often do not use social services even when these services are available.

1. Informal Support Systems

Maldonado (1975), Penalosa (1966), and Moore (1971) have argued that the processes of urbanization and industrialization have resulted in certain changes in the family form within the Hispanic community so that the extended family system has broken down, leaving many of the aged without supports. On the other hand, Keefe (1979), Sotomayor (1973), and Mirande (1977) have maintained that the family has remained intact during the process of urbanization.

One facet of the general problem has to do with the cultural expectations of older Hispanics. Earlier researchers had found that Hispanics were reluctant to accept help from individuals other than family members (Saunders, 1954 ; Clark, 1959). However, Crouch (1972) later found that among older Hispanics, the belief was that the government, not the family, should be the source of support. Crouch interpreted this finding to mean de-emphasis of the extended family. Bengston (1976) reported from a community survey in Los Angeles that Blacks and Mexican Americans were more likely than Whites to attribute responsibility to government in all three areas of health care, housing, and transportation. Finally, Crawford (1979) found that 54 percent of Anglos believed that help for living expenses, medical costs, and all other needs should come from the government. This compares with 70 percent of older Mexicans. These findings suggest that there is a trend toward older Hispanics to attribute more responsibility to the government and less to the family for their financial care. Therefore, we might expect older Hispanics to utilize formal support networks more than they do.

In this study, there is ample evidence that older Hispanics have viable networks, but the degree to which these networks meet financial needs is equivocal. For instance, more than one-half of the older Hispanics had visited with family members not living with them during the week preceding the interview. Almost one-half had also visited with other relatives during the preceding week. Approximately three-fifths had visited with friends.

With regard to financial support from the informal networks, 5.4 percent of Mexican Americans reported that they receive money from family members on a regular basis. The mean amount received monthly was $192 (Tables 10:4 and 10:5). The 5.4 percent of Mexican Americans compares with 2 percent of Cubans, 1.3 percent of Puerto Ricans, and 2.5 percent of Other Hispanics. In housing, 16.9 percent of Mexican Americans who rent contribute to the rent instead of paying all the rent. This compares with 41.1 percent of Cubans, 1.3 percent of Puerto Ricans, and 29.9 percent of Other Hispanics. We assume that the pooling of rent constitutes a type of informal support system activity.

These data suggest that in terms of emotional support, networks are viable for many older Hispanics. This is shown in the visiting patterns. As such, these networks contribute to health and well-being in obvicus and discrete ways. The contribution should not be underestimated in terms of general well-being. However, in terms of financial support, the contributions of the informal networks are inadequate, as the above data indicate. It is suspected that in large part, this failure of the informal support system to provide for the needs of the older Hispanics reflects the limited resources accessible to Hispanics as a whole.

One other important observation is this: When informal support systems are based on family relationships, those who have no family may have a very weak or no support system. In this study, those who have no children and those who live alone seem to be those with less viable support systems.

2. Formal Support Systems

One of the major findings of this study is that the differential between need for social services and the use of social services is very wide. Among Mexican Americans, 27.8 percent expressed a need for at least one service but use none. An additional 40 percent reported that they need services in addition to the ones currently being used. Tables 8:11, 12, 13, and 14 show the comparable differentials between use and need for subgroups.

Another indicator of the low use of social services among older Hispanics is that 42 percent of Mexican Americans use no services. This compares with 36.6 percent of Other Hispanics. This constitutes very low use among an aged group who, for the most part, have an income below the poverty level.

Very few older Hispanics live in public housing. No Cubans reported that they live in public housing. The percentages are as follows: 10.7 percent of Puerto Ricans, 4 percent of Other Hispanics, and 2 percent of Mexican Americans. Rent subsidies are used very infrequently: no more than 2 percent of older Hispanics receive them. These examples provide evidence to clearly show that older Hispanics fail to use the formal support system.

One suspected reason for under-use of social services is either perceived or real discrimination of providers. Older Hispanics in this study were asked whether they had experienced discrimination. The highest perceived discrimination (7 percent) was experienced in the area of employment, where the older individuals felt they had been discriminated against because of origin. Age ranked second (age was first for Cubans) as a cause of discrimination. However, reported perceived discrimination actually tells us little about actual discrimination in all its overt and covert forms. The percentages shown here tell us more about consciousness of the perceiver, or the ability of the older Hispanic to determine discrimination, than about objective discrimination. The conclusion is that we are not able to determine from these data the degree to which older Hispanics perceive discrimination at the hand of service providers. It is highly probable that all underprivileged individuals feel the sting of "asking for help" and hence are sensitive to what they may interpret as discrimination. This is true even under the best of "providing" situations.

C. Most Important Perceived Problems

Older Hispanics named the following as their most important problems: 1) health problems, 2) financial problems, and 3) problems with life satisfaction or morale. Each has implications for social policy.

1. Physical Health

Researchers agree that individuals over 55 years of age incur more illness and disability than do those under 55. Also, the illnesses are more apt to be chronic; and chronic illness is more likely to result in permanent impairment of some kind. Although older Hispanics possess the essential characteristics associated with illness, such as poverty status, 16.1 percent of those 55 years of age and older report that they have no disease. Nevertheless, physical health ranked as the major concern.

Health has many implications for social policy. Three important considerations in older Hispanics' health are:

1) the Hispanic elderly's relatively low use of hospitals; 2) prevalence and types of diseases; and 3) demographic characteristics related to illness in the group.

With respect to use of hospitals, this study shows that Mexican Americans use hospitals the least, with only slightly more than one-half as many being hospitalized as is true of the general older population. Fifteen percent of Mexican Americans, 20 percent of Other Hispanics, 21 percent of Cubans, and 24 percent of Puerto Ricans were hospitalized during the twelve months reported by this study. Therefore, all the represented subgroups use hospitals well below the national average use. Insufficient funds and a fear or distrust of hospitals were the major reasons given for non-use in the face of need.

Among the Hispanic elderly, arthritis is the most prevalent disease, with 48 percent of Mexican Americans, 55 percent of Cubans, 58.5 percent of Puerto Ricans, and 56 percent of Other Hispanics reporting this disease. High blood pressure is the second- ranking disease. Circulation problems are the third- ranking problem among Cubans, Puerto Ricans and Other Hispanics, but diabetes ranks third for Mexican Americans. Cataracts, glaucoma, and heart disease also rank high among Hispanics. The diseases least often reported are tuberculosis, polio, Parkinson's disease, palsy, and multiple sclerosis. Older Mexican Americans report significantly fewer diseases than either Puerto Ricans, Cubans, or Other Hispanics. Cubans, Puerto Ricans, and Other Hispanics do not vary significantly regarding the number of diseases reported.

Concerning demographic characteristics, older Hispanics' age, income, and living arrangement are especially important to health.

Age and number of diseases are significantly related within the Mexican American group and among older Cubans. In both groups, the older individuals have the most illnesses. The same trend exists to a lesser extent among the Puerto Rican and Other Hispanics groups. Lack of money is a principal reason given by older Hispanics for: 1) not using a doctor's services when they needed a doctor; 2) not complying with their doctor's recommendation to be hospitalized; and 3) not seeing a dentist when they had dental problems. Those who have annual family incomes of less than $5,000 have significantly more diseases. Clearly, insufficient income has a widespread negative effect on the health of the Hispanic elderly.

The number of older Hispanics who have four or more illnesses varies according to living arrangement within both Mexican American and Puerto Rican groups. In each case, individuals who live alone are more apt to report four or more illnesses. But the most pronounced variation occurs between Puerto Ricans and Cubans, where Puerto Ricans living alone are more than twice as apt to report four or more illnesses than Cubans living alone.

This brief synopsis of health among older Hispanics suggests that policymakers must take into acount the following factors when planning health services for the Hispanic elderly:

1. With regard to the provision of health services, the doctor's office must be given high priority, since this is the usual place of care. Public facilities are avoided except by Cubans.

2. The main problem with the use of health services seems to be insufficient funds. As long as older

individuals exist below the poverty level, use of health services will continue to be low. Below $5,000 yearly family income, individuals do not go for health care, or they delay going. They may not go to the hospital on the advice of the physician, and dental problems are most apt to be neglected.

3. The most disadvantaged older Hispanic in terms of number of diseases is apt to be over 65, have an income of less than $5,000 yearly, have less than 6 years of formal education, be female, live alone, and be either Cuban or Puerto Rican.

2. Financial Problems

The main employment statuses of older Hispanics are: retired, disabled, and housewife. The mean family income ranges from a low of $3,625 among Puerto Ricans to a high of $4,079 among Cubans. Approximately 52 percent of those who are retired ceased working because of age. Thirty-nine percent retired because of poor health. This profile foretells financial problems.

The financial difficulties that are so much a part of older Hispanics' life chances derive, at least partly, from the relatively small percentage of them who receive Social Security retirement. The 65-years-of-age-and-older group are the most apt to receive Social Security retirement in any ethnic group. At age 65, 56.9 percent of Mexican Americans, 37.3 percent of Cubans, 62 percent of Puerto Ricans, and 57.3 percent of Other Hispanics participate in the program. Puerto Ricans are the most apt to participate, Cubans the least. The percentages of participation reported by older Hispanics in this study are considerably lower than those reported for Hispanics in Los Angeles (Office of the Mayor, 1975). The mayor's office reported that 63.2 percent of Spanish and 76.4 percent of Anglos receive old age benefits.

The importance of Social Security is that it ranks as the main source of income for older individuals. Consequently, any factor that dilutes the power of Social Security retirement to provide income lowers the mean of the group and predicts that income from other sources will be required. These data bear out the point. Among groups such as older Cubans, where eligibility for Social Security retirement is low, the employment rate is high -- 23.4 percent among Cubans. Also, the fact that Cubans participate in Supplemental Security Income (SSI) in higher percentages than the other subgroups simply reflects Cubans' restrictions from participation in Social Security retirement. Some of the barriers to Social Security retirement are: type of employment, illegal status, lack of citizenship, and other unknown barriers.

3. Life Satisfaction/Morale

Older Hispanics listed problems of life satisfaction, including family problems, fears, worries, and concerns that keep one awake at night as a major problem with which they must deal. The most often used mechanism for dealing with serious life satisfaction and morale problems is simply to "handle it alone." When older Hispanics consult others, it is most often a relative or a friend. Spouses help less often. In the case of family problems, the church is the fourth choice as a source of help. Psychologists are not consulted by older Hispanics.

The findings suggest that there is a serious need for "help with problems in living." The worries and concerns that plague older Hispanics include an entire list of problems. Some have to do with the need for services. Loneliness and adjustment to the dominant culture present a problem. Wishes to return home and thoughts of death and dying cause low morale, as do feelings of uselessness. The implication for social policy is that a need exists for qualified people who can help with older Hispanics' problems. Perhaps older individuals from the community could be trained to perform certain functions as mental health workers. The urgent need in the area of mental health of the Hispanic elderly should receive consideration from policymakers.

D. Life Conditions of Ethnic Groups

The Hispanic subgroups involved in this study vary in socioeconomic status, demographics, location of residences, and cultural dictates. Any attempt to analyze the differences among subgroups should surely take these realities into consideration. One way to deal with subgroup variations is to cluster specific important identifying features by ethnic subgroup. It is reasonable to expect that important differences along the above dimensions would produce different outcomes in terms of both health and social services utilization.

1. Mexican Americans

Socioeconomic features of a group certainly influence in a profound way all life chances of the group. The distinctive features of Mexican Americans in comparison to other subgroups are: Mexican Americans have the lowest education. 25.4 percent of the group have no formal education. The median number of years of schooling of the age cohort sampled is 3.63 years. In terms of occupation, the distinctive features seem to be that Mexican Americans have the largest percentage who list "housewife" as occupation; also, the group has somewhat fewer "disabled" individuals than any of the other subgroups (Table 5:5). However, once "occupation engaged in for most of work life" (Table 10:1) is considered, it becomes apparent that Mexican Americans have participated in the labor force less as managers and administrators, sales and clerical personnel, and operators than any one of the other subgroups. On the other hand, there are more Mexican American housewives, laborers, semi-skilled, and skilled workers than in any other group. The clustering of jobs suggests that Mexican Americans are visible in jobs where hard physical work rather than formal training is the main criterion. Concerning income, in comparison with other groups, Mexican Americans hold an intermediary position -- higher than Puerto Ricans and lower than Other Hispanics. Table 10:4 identifies the source of the income. Mexican Americans are more apt to receive help from family members and job retirement pensions. The idea that more Mexican Americans receive help from family on a regular basis suggests somewhat stronger extended family relationships in the subgroup, though it should be noted that only 5.4 percent report such help. The incidence of job retirement pensions is probably related to long-term experiences in this country.

Demographic features that most clearly identify Mexican Americans are that number of children is higher (mean = 3.93); a higher percentage of the group is Catholic (89.7 percent); Mexican Americans are the most apt to have been born in the United States. Next to Puerto Ricans, they are the group most apt to have United States citizenship. Mexican Americans are most likely to own their own homes, live in single dwellings, and have lower housing costs. Mexican Americans also have longer residency in their neighborhoods, and the strongest tendency to list numerous reasons for not wanting to move.

Cultural variations, which may have implications for health, include eating habits and integration into the group, as well as satisfaction from contact with the dominant society. Mexican Americans are the most likely to have eaten dairy products, the least likely to have eaten bread, cereals and pastas. (Nevertheless, it is suspected that other starches such as corn and flour tortillas constitute an important part of the Mexican-American diet.) Mexican Americans are the most apt to pay all their own food bills, and next to Other Hispanics, they are the least apt to receive food stamps.

In terms of integration into family, friendship, church and other groups, Mexican Americans hold an intermediary position. There are no distinctive behaviors. However, a higher percentage (56 percent) of Mexican Americans filled out the 1970 Census questionnaire than did any other group.

2. Cubans

Distinctive socioeconomic features of Cubans include: higher education, higher occupation, and higher income than the other subgroups. Median number of years of formal schooling is 7.19 for Cubans. 15.7 percent completed high school, and 3.8 percent completed college. Cubans have an educational advantage. Occupation reflects higher education. While present occupational status is often "retired," during working life, Cubans tend more to have held professional and technical occupations, as well as sales and clerical positions, than any other subgroup. Though the mean income of Cubans is slightly higher than that of other subgroups, the difference is not as great as the higher education and occupational status of Cubans suggests it should be. Probably their present condition is jeopardized by their late entry to this country, as well as the circumstances under which they came.

With regard to cultural features such as food, 20 percent of Cubans had not eaten beans and yellow vegetables during the two days preceding the interview. This was the highest deficiency of any group. Cubans were also high on omitting green vegetables (14 percent). On the other hand, Cubans were most likely to have had protein in the form of meat, eggs, and fish during the past two days. Cubans are the least apt to pay all their food expenses, most apt to be on a diet (9 percent).

The patterns of visiting with family and friends shows that older Cubans interact on a regular basis. However, Cubans are least inclined to be active members of senior citizens' groups. One dominant feature of Cuban political behavior is that 69 percent are ineligible to register. However, of those eligible,Cubans show characteristics of high participation. They also show more variation in political party preference than do any of the other groups. Cubans are the most likely to have observed discrimination based on age, and are most inclined to be monolingual in their use of Spanish.

3. Puerto Ricans

The socioeconomic status of Puerto Ricans includes the following features: median years of schooling is 4.68; but only 5.6 percent completed high school. So, while illiteracy may be quite low, educational level is also low in the age cohort studied. Their present occupational status is most likely "retired," with a second prominent category of "disabled." "Occupation done most of life" tends to be unskilled or semi-skilled. The largest category is "operators," which includes machine operators; the second-largest, service workers. Puerto Ricans have the lowest mean income: $3,625 yearly for the family. The main source of Puerto Rican income is Social Security retirement. Puerto Ricans retire earlier than do other Hispanics, and the reason given most often for retiring is "age." Puerto Ricans tend least to receive regular financial help from family members.

The most identifying demographic feature is that Puerto Ricans have no citizenship problems. This means more availability to government social services. One other important feature is that Puerto Ricans are the most likely to be widowed and live alone.

Puerto Ricans are urban dwellers, and the largest proportion of this Puerto Rican sample entered the United States between ages 26 and 50 (60.7 percent). Puerto Ricans are the least apt to own their own home and the most likely to live in an apartment complex that contains more than 19 units. Puerto Ricans have higher housing expenses than any of the other subgroups, and they have a greater expectation of moving within the next year. The main reasons given for wanting to move include, "neighborhood is not safe" and "house is in poor condition."

Puerto Ricans do not show extreme deprivation in any area of food classes. However, when asked whether they believe they have an adequate diet, 23 percent of Puerto Ricans responded that their diet is inadequate. This is second only to Cubans, 24 percent of whom reported inadequate diet.

Puerto Ricans visit regularly with family and friends, and are the most active of any subgroup in senior citizens' organizations. Though there are no constraints on voting participation, about one-third are not registered. Fifty-five percent of Puerto Ricans reported that they were in the United States at the time of the 1970 United States Census but did not fill out a questionnaire. This finding merely reconfirms the 1970 undercount of Hispanics.

4. Other Hispanics

The distinctive socioeconomic features of Other Hispanics include the following: education is somewhat higher than it is among either Mexican Americans or Puerto Ricans. Median number of years of formal schooling is 6.2, with 16.2 percent completing high school. Present employment status tends most to be "disabled." "Occupation for most of working life" is most likely to be "operators," followed by "housewife" and "service workers." The mean income is $3,974, which is lower than Cubans but higher than Mexican Americans. The main source of income is Social Security retirement.

In demographic features, Other Hispanics tend to fall between the other groups on most variables. However, in terms of church attendance, 47.2 percent of Other Hispanics attend on a weekly basis. This is the highest percentage attending church weekly.

Residency in the United States presents a mixed array of entry dates. Over one-half came to this country after age 26. Another 37.4 percent were born here. Fifty-two percent are United States citizens. Other Hispanics tend to live in single dwellings, and 16 percent are rural dwellers. Thirty-three percent own their own homes. This is second only to Mexican Americans, but Other Hispanics' housing costs are more than those of Mexican Americans.

Other Hispanics report the lowest use of two substantive classes of food -- meat, eggs and fish; and fruit and fruit juices. Nevertheless, this subgroup believes most that their diet is adequate. Other Hispanics are the most likely to receive help from someone with their food expenses, least likely to use food stamps.

Other Hispanics report high integration into informal networks. They report the highest number of visits with children, with relatives, and with friends. Senior citizen participation in church groups is also higher than in any other subgroup. Political participation is high among those who are eligible to register.

Agency contact among Other Hispanics is lower than among Cubans or Puerto Ricans, but it is slightly higher than among Mexican Americans. When discrimination is reported, the perceived basis is most often "origin."

5. Conclusion

Certain subgroup characteristics have been noted. The conclusions reached in this study about health and social services use are, no doubt, influenced by subgroup differences. To be sure, all older Hispanics share a common language and culture, and in this sense form a homogeneous group. Yet, past experiences and present realities likewise produce heterogeneity among the various Hispanic groups.

E. Recommendations for Research, Policy and Services

This first national needs assessment on Hispanic elderly suggests several important avenues for future research. The recommendations below are guidelines for future research questions, not definitive research questions themselves. We present these recommendations in the same order as the chapters in this report.

1. Recommendations on Population Dynamics

Homogeneity vs. heterogeneity in the Hispanic community should be studied further by gerontological researchers and policymakers and by other social scientists. This report has demonstrated the variance among the four major Hispanic subgroups. The impact of that variance on social service delivery deserves more analysis. Programs and policies relevant to Cubans in the Southeast may not be applicable to Puerto Ricans in the Northeast, to Mexican Americans in the Southwest, or to Other Hispanics in the West or Midwest. Development of knowledgeable, sensitive social service delivery models depends on a full understanding of specific characteristics of those to be served.

The needs assessment report also makes evident the need for more research comparing functional impairment with chronological age of the Hispanic elderly. Respondents in this study state that poor health is a primary reason they retire from work. Many retire earlier than do Anglos. What health factors cause older Hispanics to retire at an earlier age? In which Hispanic subgroups does early retirement due to health occur the most, and why? Are Hispanics functionally older than Anglos at the same chronological age? These questions are especially vital because many social service programs use chronological age as a criterion for eligibility. Responding to the questions can help determine if this criterion is fair to older Hispanics who need services.

2. Recommendations on Physical Health/Well-Being

A detailed comparison of disability between older Mexican Americans and the other three Hispanic subgroups should be a priority for future health research on the Hispanic elderly. This needs assessment shows Mexican Americans to have a lower incidence of disease and disability than the other subgroups. Why is this so? What factors in the life condition of Mexican Americans lowers their perceived disability level? Is lower disability among Mexican Americans real? Once these questions are answered, researchers should compare the disability of elderly Mexican Americans with that of older Anglos. This research will help put into perspective the health of older Hispanics vis-a-vis the dominant population. The health questions raised above are pertinent to the development of long-term care in ethnic communities.

Another main avenue for health research is the economics of illness. This needs assessment indicates that lack of money and possibly a lack of understanding by health providers inhibit older Hispanics from seeking adequate health care. (The data on low use of hospitals due to fear and distrust illustrate this point.) What attitudes, perceptions, and values do health care providers bring to their encounter with poor and non-English speaking clients? Do these attitudinal factors impede older Hispanics from receiving health care?

Informal support systems offer another principal avenue of health research on the Hispanic elderly. Older Hispanics in this study seem to prefer informal supports to formal ones. What kinds of programs will enhance these supports and older Hispanics' ability to use them? What programs can best promote older Hispanics' mental well- being by helping them to remain in their community? Respondents in this study name "life satisfaction/morale" as their third most serious problem. The need for adequate informal support systems is especially evident in light of this finding.

3. Recommendations on Use of Social Services

Why don't older Hispanics use social services when they know about and need these services? This is the primary question demanding further research in the area of social services. Data from the current study illustrate the gap between knowledge, need, and use, but they do not explain the gap. More in-depth analysis of the relationships between knowledge, use, need, and perceived adequacy of social services should help to answer the question. Certainly the question is fundamental to service planners and providers whose target population includes the Hispanic elderly.

Research on use of social services should also focus on older Hispanics' perceptions of how adequate these services are. Analysis of these perceptions would help answer the question "What are the barriers to social service use among the Hispanic elderly?" In the same vein, we reiterate the need to analyze social service providers' attitudes toward monolingual, non-English speaking clients. An understanding of these attitudes might help answer the queries on barriers and low use of services.

How can provision of social services (formal supports) enhance older Hispanics' informal support networks so that the latter sustain the Hispanic elderly better? This question points out another fruitful avenue for research and analysis of existing social services systems. Enhancement of informal supports merits attention because of older Hispanics' more prevalent use of informal networks over formal ones.

4. Recommendations on Housing

Researchers should conduct detailed analyses on how the Hispanic elderly meet their housing expenses. This research is important because most older Hispanics have low income, do not live in extended families (only 9.7% live in extended families), and cannot rely on family for economic assistance because of the family's generally poor economic state. Why do so few older Hispanics participate in housing subsidy programs? How do they pay for housing? What are the trade-offs they must make between housing expenses and payment for other necessities?

This needs assessment study confirms the results of other studies showing that many older Hispanics prefer to remain in their home (although it may be dilapidated) rather than to move to more adequate housing. Familiarity and satisfaction with the neighborhood relate to this tendency. What are the economic implications of this desire to "stay put"? Should housing for Hispanic elderly focus on renovation of existing homes rather than construction of new housing? If so, what are the housing renovation needs of older Hispanics? How can these needs best be met? These questions are especially pertinent in this era of reduced funds for social services and escalating housing costs.

5. Recommendations on Employment and Income

Why do relatively few eligible older Hispanics (55%) receive Social Security benefits? This question should receive top priority from researchers and policymakers. This report has shown that low income affects almost every aspect of life among the Hispanic elderly. Social Security is the main source of income for these older persons. It might be assumed that because of their poverty, most older Hispanics would participate in Social Security. Certainly it would help alleviate their reported main life problem: income. If older Hispanics' life situation is to improve through an increase in income, then studying the use of Social Security benefits is a primary means to that end.

A detailed analysis on older Hispanics' sources of income would also benefit policymakers, planners, and the Hispanic community. Data from this needs assessment study indicate that it is almost impossible for older Hispanics to live on the income they report, considering their reported expenses. How do the Hispanic elderly survive, given their low income and the high cost of necessities such as housing and food?

6. Recommendations on Nutrition

Two nutrition issues particularly warrant further research:

a) A study of ethnic vs. balanced meals: How can nutrition sites (and elderly Hispanics themselves) provide nutritionally adequate meals while accommodating ethnic food preferences? What constitutes a nutritional but culturally appropriate diet for each of the four major Hispanic subgroups?

b) How can the federal food stamp program be improved to permit greater access by needy older Hispanics? Should an alternative food subsidy program be initiated? In this study, older Hispanics reported the food stamp program to be inadequate. Yet many older Hispanics need food stamps. What can be done to remedy this situation?

7. Recommendations on Social Organizations, Political - Participation, and Discrimination

Why do relatively few older Hispanics (and Hispanics in general) participate in political elections, although many are registered? Greater political participation could help the Hispanic elderly to help themselves by electing policymakers responsive to their needs. Yet few older Hispanics know about their legislators, according to this needs assessment report. What factors contribute to older Hispanics' non-participation in the political process? What kinds of education should be instituted to improve political participation among this group?

Further, in-depth analysis of older Hispanics' perceptions about discrimination should be conducted. How does perceived discrimination relate to low use and perceived inadequacy of social services? Do services providers' attitudes toward monolingual older Hispanics contribute to the latter's feeling that they are the subject of discrimination? Do providers' attitudes generate the perception of discrimination? All these questions relate closely to the following principal recommendation: that researchers study why the Hispanic elderly underutilize social services despite knowledge and need for services.

The role of the church as a formal and informal support network for older Hispanics warrants more research and analysis. This report indicates that most older Hispanics participate in church activities. How can these activities be made more effective as supports for the Hispanic elderly? How can these activities serve as a complement or alternative to formal supports by public agencies?

None of the recommendations above can be put into effect unless we remember an essential fact: it is impossible to deliver effective services to a minority group in a language other than their own. This is especially true of the Hispanic elderly, who are mostly monolingual. It is unrealistic and unfair for a dominant population to demand that an older monolingual group adopt the former's language as a prerequisite for receiving social services.

If we assume that the delivery of quality services is the goal, it becomes abundantly clear that one condition for the delivery of quality services to older Hispanics is that such services be provided in Spanish. This point can hardly be overemphasized. It is based on a clear mandate from older Hispanics themselves, where 86 percent of this study's respondents requested that the interview be conducted in Spanish. The high use of Spanish suggests that media use should concentrate on Spanish-speaking radio and television communication modes. Spanish-speaking newspapers and magazines should also be included in any effort to communicate with older Hispanics.

One other major consideration underlies all the recommendations made above. Policymakers should consider a reanalysis of the traditional delivery of social services in terms of their applicability to Hispanic populations. As mentioned before, we are faced with the reality of very low use of social services, even where need and knowledge are high. Mode of delivery must, obviously, be suspect in any attempt to understand the causes of underuse. The literature is replete with findings suggesting that the mode of delivery accounts for non-use of services. Many aspects of service delivery have been studied, including both overt and covert discrimination expressed in myriad ways (Hyman, 1970; Kish and Reeder, 1969; Roth, 1972; Strauss, 1969; Rosenstock, 1966; Fein, 1972; Kosa, 1969; and Sudnow, 1967).

Specific recommendations for mode of delivery include the following: (1) Members of the group served should be integrated at all levels of decision-making and service delivery. For instance, where older Hispanics are the target group to be served, older Hispanics from the specific community should be included in the decision-making process. Hispanic providers should be included among those who supply services for Hispanic groups. (2) Geographically, the sites of service delivery should be localized either in or very near the community to be served. All indications are that older Hispanics are very reluctant to pursue aid aggressively from formal support systems. Trained bilingual advocates from the community could serve a very useful function in promoting communication between provider and client.

One barrier to the use of social services by older Hispanics is ineligibility. Thus, the removal of eligibility barriers that restrict use by older Hispanics would increase services to those most in need.

The following research question was posed in Chapter IV:

> How can persons, groups, service organizations, and planning agencies be improved and assisted to function in supportive and caretaking roles, and to increase the overall rate of service utilization by the Hispanic elderly?

In answer to this question, these data suggest the following tentative conclusions:

> Persons, groups, service organizations, and planning agencies could more effectively serve in the care-taking role and increase the overall rate of service utilization by the Hispanic elderly by using all means possible to fit the services to the needs and cultural patterns of those served. At the same time, it is important that information about programs be disseminated in Spanish, and that every effort be made to limit structural barriers to the use of services.

While these are only a few of the many recommendations that these data suggest, it is reasonable to assume that their adoption would be perceived as an "act of good faith" on the part of older Hispanics, and that the ultimate result would be more clearly defined roles and an improved working relationship between providers and clients.

F. Summary

"A National Study to Assess the Service Needs of Hispanic Elderly" is a benchmark research study on older Hispanics nationwide. The scope of this report precluded detailed analysis of many characteristics of older Hispanics. Nevertheless, this report is an initial effort to address social services to older minorities from a preventive point of view, rather than prescriptive point of view. The Asociacion National Pro Personas Mayores hopes that policymakers and providers will use this report as a basis on which to develop services that help to prevent problems among the Hispanic elderly, rather than only to treat these problems. The main purpose of this study was to establish empirical data on needs for social services by older Hispanics. This is the first nationwide sampling of the group, and as such, the study fulfills a need for baseline data that will assist other researchers in their effort to refine and increase the knowledge about older Hispanics.

1,804 older Hispanics who live in 15 states were interviewed in their homes by trained bilingual interviewers. At the request of the respondents, 86 percent of the interviews were conducted in Spanish. The respondents were asked about their knowledge, use, evaluation of, and need for social services. In addition, demographic and personal characteristics were assessed. Specific information was asked about employment, transportation, housing, crime, health, (including functional disability and adaptive aids), mental health, income and expenses, nutrition, social organizations, contacts with government agencies, perceived discrimination, and news sources.

The data were analyzed and the different subgroups were compared in terms of demographic features, personal characteristics, health, and social service state. The following are some of the main findings:

1. While all older Hispanics share features such as low income or poverty status, use of language, and certain cultural backgrounds, at the same time, they vary along certain dimensions such as socioeconomic status, living arrangements, place of residency, and use of social services. In short, though in many ways older Hispanics constitute a homogeneous group, they likewise exhibit features of heterogeneity.

2. Perhaps the most important finding of this study is that older Hispanics are very low users of social services. Forty percent of older Hispanics use no social service. Another 25 percent use only one service. The importance of these findings becomes evident when viewed from the perspective of need for social services. Two

indicators are useful in specifying need: income and reported need for services.

First, income of older Hispanics is low. One-fourth of the group have annual family incomes of $3,000 or less. The overall average yearly family income for the group is $3,936. On the basis of extremely low incomes and the high need that accompanies low income, it appears undeniable that older Hispanics underuse social services.

Second, approximately 76 percent of older Hispanics reported that they have needs for social services. This percentage includes both non-users and those who use at least one service but need more than they presently receive. The conclusion is that older Hispanics have significant needs for social services in excess of use. The problem then becomes one of uncovering the reasons for low use when need is high. A complete and reliable explanation of this major fact must, however, await further analysis of these data and the future studies by other researchers. However, these data provide the following insights:

(a) Both use and need are responsive to income. The highest use and need are among those who have an annual family income below $5,000. Where the annual income is above $5,000, both use and need decrease significantly. This finding suggests that individuals take care of their needs when resources are available. However, when need outstrips resources, some older Hispanics seek out and use social services. Others do not.

(b) Knowledge of a service's existence does not insure use. While approximately 76 percent of older Hispanics need services beyond those they presently use, only about

7.4 percent of the group are ignorant of the existence of any social services. While this finding does not tell us about the knowledge that older Hispanics have regarding specific services, it does tell us that services are often not used when information is available.

3. The health of older Hispanics varies by subgroup. Mexican Americans reported the fewest number of diseases, Cubans the most. It is interesting to note the comparison of the number of chronic diseases reported by older Hispanics with those reported by individuals in the general population. In the general population, 85 percent of individuals 65 years of age and over report at least one chronic ailment. Among older Hispanics, 83.5 percent of Mexican Americans over 65 reported one or more chronic illnesses. This compares with 92.7 percent of Cubans, 91.7 percent of Puerto Ricans, and 93.7 percent of Other Hispanics.

In terms of functional disability of older Hispanics, approximately 73 percent report some functional disability from chronic conditions. According to subgroups, Mexican Americans report the lowest percentage of disability (namely, 70 percent). Eighty percent of both Cubans and Puerto Ricans reported some functional disability, as did 77 percent of Other Hispanics. These findings suggest that older Hispanics have considerably higher functional disability than is found in the general population. According to Shanas and Maddox (1976:602), approximately 50 percent of the older individuals in the general population report at least some disability.

G. Conclusion

The final conclusion that these data suggest is that older Hispanics constitute a disadvantaged group. The conclusion is based on their low socioeconomic status, high illness, and limited access to the social institutions.

With regard to access to social institutions, Donabedian (1972:111) argues that the "proof of access is use of services, not simply the presence of a facility," and that "access can, accordingly, be measured by the level of use in relation to need." Freeborn and Greenlick (1973) also suggest that accessibility implies that individuals in "the population-at-risk" use services at rates "proportional and appropriate" to their need for care. Using the definition of either Donabedian or Freeborn and Greenlick, we can only conclude that older Hispanics have very low access to social services.

From this frame of reference, the basic problem changes from "how to insure that older Hispanics use social services" to "how to provide social services that are accessible to older Hispanics." These data suggest that the redefinition of the basic research question is a first step toward reaching the goal of providing acceptable services to older Hispanics.

The needs assessment report thus points the way toward development of social services that reflect the fact that the U.S. is a pluralistic society. By adopting a pluralistic approach, that is, by establishing policies and programs responsive to the unique needs of an important minority group -- the Hispanic elderly -- we can begin to answer the needs of all older Americans.

APPENDIX I

NEEDS ASSESSMENT QUESTIONNAIRE

A. English Questionnaire

BEGIN CARD 01

ASOCIACION NACIONAL PRO PERSONAS MAYORES
1730 W. Olympic Blvd., Suite 401
Los Angeles, CA 90015

NEEDS ASSESSMENT QUESTIONNAIRE

ASSURANCE OF CONFIDENTIALITY

ID#

1-4/ - - - -

All information which would permit identification of the respondent will be held in strict confidence, will be used only by persons engaged in and for the purpose of this survey, and will not be disclosed or released for any other purpose.

CARD 5-6/01

7-8/_ _

I.D. No.	State	County	City or Town	Tract

9-11/ - - -

12-15/ - - - -

B.G.	E.D.	Area Point

16-21/ - - - - - -

THIS SECTION IS TO BE USED ONLY WHEN LOCATING HISPANIC ELDERLY RESPONDENTS

INTERVIEWER'S CONTACT RECORD

22/_

			RESULTS			
Day	Date	Time	Symbol	Comments	Interviewer's Name	Supervisor's Signature
		AM PM				
		AM PM				
		AM PM				

23-27/ - - - - -

28-30/ - - -

31-34/ - - - -

35/_

Symbols

C: Interview Completed
O: Other Situations

Language ______________ 36-38/ - - -

Density ______________ 39-41/ - - -

Beginning Time ____________ AM PM

Ending Time ____________ AM PM

Date Completed ______________

42/_

Questionnaire Validated By: ______________________ Date __________ 43/_

Interview Edited By: ______________________ Date __________ 44-48/ - - - - -

Questionnaire Coded By: ______________________ Date __________

49-50/_ _

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JULY 1979

CARD 01

SECTION A: SOCIODEMOGRAPHICS AND LANGUAGE

To begin with, I would like to ask you a few questions about yourself:

1. Please tell me, where were you born?

   1 United States (Go to Q.4) 3 Mexico 51/_
   2 Puerto Rico (Go to Q.3) 4 Cuba
   Other Country (SPECIFY)________ 52-53/_ _

2. Are you a citizen of the United States? 54/_

   1 Yes 0 No

3. How old were you when you came to the United States to stay?________ 55-56/_ _

4. In how many different cities have you lived during the last five years?

   0 No other city 3 Three other cities 57/_
   1 One other city 4 Four other cities
   2 Two other cities 5 Five or more

5. Sex: CIRCLE SEX OF RESPONDENT 1 Male 2 Female 58/_

6. Please tell me, how old are you?__________ 59-61/_ _ _

7. What is your marital status?

   1 Married 4 Separated 62/_
   2 Widowed 5 Never married
   3 Divorced 6 Common-law marriage

8. Do you have any natural or adopted children? 63/_

   1 Yes 0 No (Go to Q.10)

9. How many children do you have, and what are their ages? (RECORD THE AGE IN THE ORDER GIVEN - ENTER UP TO 12)

Children	Age	Children	Age	Children	Age
1st	___	5th	___	9th	___
2nd	___	6th	___	10th	___
3rd	___	7th	___	11th	___
4th	___	8th	___	12th	___

(IF MORE THAN 12 CHILDREN, ENTER INFORMATION BELOW)

____

____

64-65/_ _
66-67/_ _
68-69/_ _
CARD
5-6/02
7-8/_ _
9-10/_ _
11-12/_ _
13-14/_ _
15-16/_ _
17-18/_ _
19-20/_ _
21-22/_ _
23-24/_ _
25-26/_ _

CARD 02

10. Who lives here with you? (CIRCLE ALL THAT APPLY) 27/_
28/_
1 No one 1 Parents 29/_
1 Spouse 1 Relatives 30/_
1 Children (natural or raised) 1 Friend 31/_
1 Brother/Sister 1 Boarder 32/_
1 Grandchildren Other (SPECIFY)________ 33/_
34/_

11. What is the highest year or grade of formal school that you have 35/_
completed? (CIRCLE ONE RESPONSE ONLY) 36-37/_ _

0 - Never attended Post Graduate 38-39/_ _
0.5 - Nursery/Kindergarten 17 or more 40-41/_ _
1 2 3 4 5 6 7 8 - Elementary (Specify degree obtained)
9 10 11 12 - High School ____________________
13 14 15 16 - College

12. Have you ever attended technical or vocational school?

1 Yes 0 No 42/_

13. Please tell me, how often do you speak English at home? Would you say that you speak English: (READ RESPONSES)

5 All the time 2 Some of the time 43/_
4 Most of the time 1 Seldom or never
3 Half of the time

14. In general, how difficult do you find forms printed in English (READ RESPONSES)

1 Very difficult 3 Not difficult at all 44/_
2 Somewhat difficult

15. What is your religious affiliation?

1 Catholic Other (SPECIFY)________ 45/_
2 Protestant 3 None

16. Which is your national origin or descent?

1 Mexican-American 5 Puerto Rican 46-47/_ _
2 Chicano Other Spanish:
3 Mexican (SPECIFY)__________
4 Cuban

SECTION B: TRANSPORTATION

Now I would like to ask you some questions about how you get around when you want to go somewhere.

1. During the last year, what type of transportation did you usually use to do the following: (READ TOP ROW AND CIRCLE UP TO TWO RESPONSES FOR EACH COLUMN)

CARD 02

Type of Transportation	Doing Shopping	Visiting the Doctor	Visiting Family & Friends	Going to Church
Walking	1 48	1 49	1 50	1 51
Drive self	1 52	1 53	1 54	1 55
Ride with family member	1 56	1 57	1 58	1 59
Ride with friend	1 60	1 61	1 62	1 63
Take bus or subway	1 64	1 65	1 66	1 67
Pay someone or taxi	1 68	1 69	1 70	1 71
Public agency (SPECIFY)______ 7-8	1 9	1 10	1 11	1 12
Other (SPECIFY)______ 13-14	1 15	1 16	1 17	1 18
DOES NOT APPLY	1 19	1 20	1 21	1 22

CARD 5-6/03

2. Approximately how many blocks do you have to walk to the nearest bus, train, or subway stop?

Number of blocks__________ 23-24/_ _
Not available in the area_____________ 25/_

SECTION C: EMPLOYMENT

Now, I would like to ask you a few questions about your employment status:

1. Please, tell me which one of the following best describes your present employment status: (CIRCLE ONE RESPONSE ONLY) 26-27/_ _

1 Employed full-time (Go to Q.8)	5 Permanently disabled (Go to Q.8)
2 Employed part-time (Go to Q.8)	6 Temporarily disabled (Go to Q.8)
3 Not employed and looking for work (Go to Q.8)	7 Retired on disability(Go to Q.4)
4 Not employed and not looking for work (Go to Q.2)	8 Retired (Go to Q.4)
	9 Housewife (Go to Q.2)

2. There are many reasons that prevent people from looking for work. Do you have any specific reason?

1 Yes
0 No (Go to Q.8) 28/_

3. Could you tell me what your particular reason is? (CIRCLE ONE RESPONSE ONLY AND GO TO Q. 8) 29-30/_ _

1 Housework	5 Lack of transportation
2 No work available	6 Poor health - disability
3 Lack of skills	7 Language
4 Lack of education	Other (SPECIFY)_______________

CARD 03

4. How old were you when you retired?

____________ 31-32/_ _

5. What was the main reason for your retirement? (CIRCLE ONLY ONE RESPONSE) 33-34/_ _

1 Age
2 Poor health
3 Work related disability
4 Lack of work
5 Layoff-termination
Other (SPECIFY)____________________

6. Have you worked since your retirement?

1 Yes
0 No (Go to Q.8) 35/_

7. Did you receive any pay for this work?

1 Yes
0 No 36/_

8. Have you looked for work during the past year? 37/_

1 Yes
0 No (Go to Q.12)

9. Many people seem to have difficulty in finding work these days. Have you had any difficulties in finding work during the last year? 38/_

1 Yes
0 No (Go to Q.11)

10. What kinds of difficulties? (CIRCLE UP TO 3 RESPONSES) 39/_

1 No work available 40/_
1 Lack of skills 41/_
1 Lack of education 42/_
1 Lack of transportation 43/_
1 Poor health - disability 44/_
1 Age 45/_
1 Language
Other (SPECIFY)________________ 46-47/_ _

11. Who helped you to find work during the last year? (CIRCLE ALL THAT APPLY)

1 No one 48/_
1 Spouse 49/_
1 Relative 50/_
1 Friend 51/_
1 Employment agency (private) 52/_
Public agency (SPECIFY)____________________ 53-54/_ _
____
Other (SPECIFY)____________________ 55-56/_ _
____

12. Is anyone in your household a union member, or has anyone in your household ever been a union member? (CIRCLE ALL THAT APPLY)

1 Yes, respondent 57/_
1 Yes, respondent's spouse 58/_
1 Yes, respondent's son or daughter 59/_
1 Yes, respondent's grandchildren 60/_
Yes, other relative (SPECIFY) 61-62/_ _
____
0 No 63/_

13. What type of work do you do, or what kind of work have you done most of your life? (PROBE FOR SPECIFIC OCCUPATION AND DESCRIBE FULLY; FOR EXAMPLE: HIGH SCHOOL TEACHER, CIVIL ENGINEER, SECURITY GUARD, ETC.) 64-66/

____ _ _ _
____

CARD 03

SECTION D: HOUSING/NEIGHBORHOOD

Now, let's talk a little bit about your home and neighborhood.

1. How long have you lived in this neighborhood? (ENTER THE NUMBER OF MONTHS OR THE NUMBER OF YEARS)

Months_____ Years_____ 67-68/_ _

2. Are you planning to move out of your home within the next year?

1 Yes 0 No (Go to Q.4) 69/_

3. I am going to read you a list of reasons people move. Do you plan to move because: CARD 5-6/04

	Yes	No	
It's too expensive to live here	1	0	7/_
The house is in poor condition	1	0	8/_
There is too much noise	1	0	9/_
Neighbors are unfriendly/hostile	1	0	10/_
The neighborhood is not safe	1	0	11/_
Landlord asked you to move	1	0	12/_
Property is being torn down	1	0	13/_
Don't have relatives/friends nearby	1	0	14/_
Neighborhood is not conveniently located	1	0	15/_
Neighborhood is too dirty	1	0	16/_
Other (SPECIFY)	1	0	17/_

(Go to Q.5)

18-19/_ _

CARD 04

4. I am going to read you a list of reasons people don't move. Are any of them reasons why you don't plan to move out of your home?

	Yes	No	
Neighborhood is near relatives/friends	1	0	20/_
Neighborhood is conveniently located	1	0	21/_
Neighbors are good/friendly	1	0	22/_
Too attached to home/area	1	0	23/_
Can't afford to move	1	0	24/_
Don't have anyone to help me move	1	0	25/_
Other (SPECIFY)	1	0	26/_

27-28/_ _

5. Does your home have hot and cold piped water, a flush toilet, and a bathtub or shower? (CIRCLE "NO" IF HOME LACKS AT LEAST ONE)

1 Yes 0 No 29/_

6. Many people's homes need some sort of repairs. Is there anything in your home that you need repaired? For example, does it need:

	Yes	No	
Plumbing repairs	1	0	30/_
Heating repairs	1	0	31/_
Electrical repairs	1	0	32/_
Ceiling, roof or wall crack repairs	1	0	33/_
Floor repairs	1	0	34/_
Painting	1	0	35/_
Extermination services	1	0	36/_
Other (SPECIFY)	1	0	37/_

38-39/_ _

SECTION E: CRIME

1. Can you please tell me if you have been victim of a crime or physical assault during the last 12 months?

1 Yes 0 No (Go to Section F) 40/_

CARD 04

2. Was the crime: (READ LIST TO RESPONDENT AND CIRCLE CODE FOR EACH)

	(a)	(b) Did you report it to police?	(c) What did the police do? (SPECIFY)	(d) Why didn't you? (SPECIFY)
Vandalism	41 1 Yes → 0 No	42 1 Yes → 0 No (Col.d)	43-44	45-46
Picked pocket or snatched purse	47 1 Yes → 0 No	48 1 Yes → 0 No (Col.d)	49-50	51-52
Home broken into	53 1 Yes → 0 No	54 1 Yes → 0 No (Col.d)	55-56	57-58
Mail stolen	59 1 Yes → 0 No	60 1 Yes → 0 No (Col.d)	61-62	63-64
Physical attack	65 1 Yes → 0 No	66 1 Yes → 0 No (Col.d)	67-68	69-70
Any other (SPECIFY)	9 1 Yes → 0 No	10 1 Yes → 0 No (Col.d)	11-12	13-14

CARD
5-6/05

7-8/_ _

SECTION F: HEALTH

Now let's talk about your health for a few minutes.

1. Where do you usually go for medical care? (CIRCLE ALL THAT APPLY)

1 No usual place	1 Relative/friends
1 Doctor's office	1 Folkhealer (curandero)
1 Private clinic	1 Chiropractor
1 Public health facility	Other (SPECIFY)______________
1 Hospital emergency room	______________

15/_
16/_
17/_
18/_
19/_
20/_
21/_
22/_
23-24/_ _

2. During the last 12 months, did you feel that you needed to see a doctor but for some reason you didn't see one?

1 Yes 0 No (Go to Q.4)

25/_

430

CARD 05

3. Why didn't you see the doctor? (CIRCLE ALL THAT APPLY)

- 1 There aren't any doctors around here 26/_
- 1 Couldn't get appointment 27/_
- 1 Too sick to go 28/_
- 1 Didn't have the money 29/_
- 1 Didn't have transportation 30/_
- 1 Language problem 31/_
- 1 Didn't know where to go 32/_
- Other (SPECIFY)______________________ 33-34/_ _

4. Were you hospitalized at any time during the last 12 months?

1 Yes 0 No 35/_

5. During the last 12 months, have you been told by the doctor that you should go into the hospital but you didn't go?

1 Yes 0 No (Go to Q.7) 36/_

6. Why didn't you go? (CIRCLE ALL THAT APPLY)

- 1 There aren't any hospitals around here 37/_
- 1 Didn't have hospital insurance 38/_
- 1 Didn't have money 39/_
- 1 Didn't think I was so sick 40/_
- 1 Didn't have transportation 41/_
- 1 Distrust of hospital/Don't like hospitals 42/_
- Other (SPECIFY)______________________ 43-44/_ _

7. During the last 12 months, did you feel that you needed to see a dentist but for some reason you didn't see one?

1 Yes 0 No (Go to Q.9) 45/_

8. Why didn't you see the dentist? (CIRCLE ALL THAT APPLY)

- 1 There aren't any dentists around here 46/_
- 1 Couldn't get appointment 47/_
- 1 Too sick to go 48/_
- 1 Didn't have the money 49/_
- 1 Didn't have the transportation 50/_
- 1 Language problem 51/_
- 1 Didn't know where to go 52/_
- Other (SPECIFY)______________________ 53-54/_ _

CARD 05

9. I am going to read you a list of illnesses; please tell me which ones the doctor has said that you presently have.

	No	Yes	IF "YES," ASK: Does it limit the kind or amount of work you do at home or at work?			
			Not at all?	A little?	A great deal?	
Arthritis, gout or rheumatism	0	1	0	1	2	55-56/_ _
Glaucoma or cataracts	0	1	0	1	2	57-58/_ _
Emphysema-Bronchitis-Brown lung disease	0	1	0	1	2	59-60/_ _
Tuberculosis	0	1	0	1	2	61-62/_ _
High blood pressure	0	1	0	1	2	63-64/_ _
Heart trouble	0	1	0	1	2	65-66/_ _
Circulation problems	0	1	0	1	2	67-68/_ _
Diabetes	0	1	0	1	2	69-70/_ _
Ulcers of the digestive system	0	1	0	1	2	CARD 5-6/06 7-8/_ _
Other stomach/intestinal/gall bladder disorders	0	1	0	1	2	9-10/_ _
Liver disease	0	1	0	1	2	11-12/_ _
Kidney problems	0	1	0	1	2	13-14/_ _
Other urinary disorders (including prostate problems)	0	1	0	1	2	15-16/_ _
Cancer or Leukemia	0	1	0	1	2	17-18/_ _
Anemia	0	1	0	1	2	19-20/_ _
Effects of stroke	0	1	0	1	2	21-22/_ _
Parkinson's disease	0	1	0	1	2	23-24/_ _
Epilepsy	0	1	0	1	2	25-26/_ _
Cerebral Palsy	0	1	0	1	2	27-28/_ _
Multiple Sclerosis	0	1	0	1	2	29-30/_ _

CARD 06

	No	Yes	IF "YES," ASK: Does it limit the kind or amount of work you do at home or at work?			
			Not at all?	A little?	A great deal?	
Muscular Dystrophy	0	1	0	1	2	31-32/_ _
Effects of Polio	0	1	0	1	2	33-34/_ _
Glandular Disorders	0	1	0	1	2	35-36/_ _
Skin disorders such as pressure sores, leg ulcers, severe burns	0	1	0	1	2	37-38/_ _
Speech impairment	0	1	0	1	2	39-40/_ _
Other (SPECIFY)	0	1	0	1	2	41-42/_ _

(IF RESPONDENT REPORTS ANY ILLNESSES, ASK Q.10) 43-44/_ _

10. In your opinion, which of these illnesses were caused by your work, if any? (LIST UP TO 3 RESPONSES - IF NOT CAUSED BY WORK, WRITE "NONE") 45-46/_ _

47-48/_ _

____ 49-50/_ _

11. Do you presently use any of the following adaptive aids or supportive devices? (CIRCLE CODE FOR EACH CATEGORY)

	Yes	No
Dentures	1	0
Cane	1	0
Walker	1	0
Wheelchair	1	0
Leg brace	1	0
Back brace	1	0
Artificial limb	1	0

	Yes	No
Hearing aid	1	0
Glasses	1	0
Colostomy equipment	1	0
Catheter	1	0
Kidney dialysis machine	1	0
Any other (SPECIFY) ________	1	0

51/_
52/_
53/_
54/_
55/_
56/_
57/_
58/_
59/_
60/_
61/_
62/_
63/_
64-65/_ _

12. Do you presently need any adaptive aids that you don't have? 66/_

1 Yes 0 No (Go to Q.14)

13. Which ones? (ENTER UP TO FOUR RESPONSES)

1.____________________ 3.____________________

2.____________________ 4.____________________

67-68/_ _
69-70/_ _
71-72/_ _
73-74/_ _

CARD
5-6/07

14. I am going to read you a list of things that people sometimes find difficult to do. For each statement that I read, please tell me if you can do it by yourself, or if you need someone's help.

	Can do it	Need someone	
Feeding yourself	1	0	7/_
Taking medication	1	0	8/_
Dressing and putting on shoes	1	0	9/_
Combing your hair/shaving	1	0	10/_
Bathing	1	0	11/_
Climbing stairs	1	0	12/_
Cooking	1	0	13/_
Cleaning house	1	0	14/_
Driving a car	1	0	15/_
Riding a bus	1	0	16/_
Walking	1	0	17/_
Handling own finances	1	0	18/_

15. Last time you were ill and needed assistance, who helped you to do the following: (CIRCLE ALL THAT APPLY FOR EACH CATEGORY)

	No one	Spouse	Relative	Neighbor/ Friend	Paid someone	Agency (SPECIFY)	Didn't need help
Bathing	19 1	20 1	21 1	22 1	23 1	24-25	26 0
Dressing	27 1	28 1	29 1	30 1	31 1	32-33	34 0
Preparing meals	35 1	36 1	37 1	38 1	39 1	40-41	42 0
Cleaning house	43 1	44 1	45 1	46 1	47 1	48-49	50 0
Shopping	51 1	52 1	53 1	54 1	55 1	56-57	58 0
Going to doctor	59 1	60 1	61 1	62 1	63 1	64-65	66 0

CARD 07

16. In general, would you say that your health is: (READ RESPONSES) 67/_

5 Very good   2 Poor
4 Good   1 Very poor
3 Fair

SECTION G: MENTAL HEALTH

We'll turn to another subject now. From time to time, some people have problems or difficulties with family, friends, or just with life in general.

1. During the last year, did you have any family problem that was difficult for you to handle alone? 68/_

1 Yes   0 No (Go to Q.3)   CARD 5-6/08

2. Would you please tell me, to whom did you go for help? (CIRCLE UP TO THREE RESPONSES) 7/_ 8/_

1 No one   1 Counselor   9/_
1 Church-priest-minister   1 Psychologist   10/_
1 Spouse   1 Doctor   11/_
1 Relative   Agency (SPECIFY)________   12/_
1 Friend   Other (SPECIFY)________   13/_ 14/_

3. There are times in some people's lives when they sometimes feel depressed. Have you felt depressed during the past year? 15-16/_ _ 17-18/_ _ 19/_

1 Yes   0 No (Go to Q.5)   20/_ 21/_

4. Would you please tell me, to whom did you go for help? (CIRCLE UP TO THREE RESPONSES) 22/_ 23/_ 24/_

1 No one   1 Counselor   25/_
1 Church-priest-minister   1 Psychologist   26/_
1 Spouse   1 Doctor   27/_
1 Relative   Agency (SPECIFY)________   28-29/_ _
1 Friend   Other (SPECIFY)________   30-31/_ _

5. Some people find it difficult to sleep at times because they are worried. Do you *sometimes* worry so much that you can't sleep? 32/_

1 Yes   0 No

6. Are there ever times when you are afraid but you aren't sure what you are afraid of? 33/_

1 Yes   0 No (Go to Section H)

7. Would you say that you feel this way: (READ RESPONSES) 34/_

5 Very often   3 Sometimes
4 Often   2 Rarely
1 Never

CARD 08

8. Taking everything into consideration, how would you describe your satisfaction with life in general at the present time? Would you say that you are: (READ RESPONSES)

5 Very satisfied
4 Somewhat satisfied
3 Neither satisfied nor dissatisfied
2 Somewhat dissatisfied
1 Very dissatisfied

35/_

SECTION H: INCOME AND EXPENSES

Now I would like to ask you some questions about your income and expenses. I must remind you that this information is strictly confidential and it will not be identified with your name.

1. Please tell me the number which corresponds with your total annual family income after taxes? That is, yours and your spouse's for the last 12 months. (SHOW INCOME CATEGORIES TO RESPONDENT AND MAKE SURE TO SPECIFY EITHER YEARLY OR MONTHLY INCOME.)

36-37/_ _

1. $ 0 - $ 499	16. $ 0 - $ 41
2. 500 - 999	17. 42 - 83
3. 1,000 - 1,999	18. 84 - 166
4. 2,000 - 2,999	19. 167 - 249
5. 3,000 - 3,999	20. 250 - 333
6. 4,000 - 4,999	21. 334 - 416
7. 5,000 - 6,999	22. 417 - 583
8. 7,000 - 9,999	23. 584 - 833
9. 10,000 - 14,999	24. 834 - 1,249
10. 15,000 - 19,999	25. 1,250 - 1,666
11. 20,000 - 24,999	26. 1,667 - 2,083
12. 25,000 - 29,999	27. 2,084 - 2,499
13. 30,000 - 34,999	28. 2,500 - 2,916
14. 35,000 - 39,999	29. 2,917 - 3,333
15. 40,000 and over	30. 3,334 and over

CARD 08

2. Now tell me, which of the following are your personal sources of monthly income after taxes? That is, yours only, excluding your spouse's. (READ EACH CATEGORY; IF NO INCOME IS RECEIVED, ENTER "O" IN DOLLAR COLUMN)

	How Much	
Earnings from employment (wages, salaries, or income from your business)	$	38-41/
Income from rental, interest from investments, etc. (Include trusts, annuities, and payments from insurance policies and savings)		42-45/
Social Security retirement		46-49/
Social Security disability payments (Do not include Supplemental Security Income-SSI)		50-53/
Social Security widow's benefits		54-57/
V.A. benefits such as G.I. bill, or disability payments		58-61/
Disability payments, both government and private, including Workmen's Compensation. (Do not include Social Security, SSI, or V.A.)		62-65/
Unemployment Compensation		66-69/
Retirement pension from job (Do not include Social Security)		CARD 5-6/09 7-10/
Alimony or child support		11-14/
Scholarships, stipends (Include only the amount beyond tuition)		15-18/
Regular assistance from family members (including regular contributions from employed children)		19-22/
Supplemental Security Income (SSI: yellow government check)		23-26/
Welfare payments or Aid for Dependent Children		27-30/
Other (SPECIFY)		31-34/ 35-36/

3. Do you own your home or apartment? 37/_

1 Yes 0 No (Go to Q.6)

4. Do you own it outright or are you paying a mortgage? 38/_

1 Own it outright (Go to Q. 9) 0 Paying a mortgage

CARD 09

5. How much is the monthly payment? (ENTER RESPONSE AND GO TO Q.9) 39-42/

________________________ _ _ _ _

6. Do you (and your spouse) pay the total rent for your home, or do you contribute to the rent, or does someone else pay the rent? (CIRCLE ONLY ONE) 43/_

2 Pay total rent
1 Contribute to rent (Go to Q.8)
0 Someone else pays total rent (Go to Q.8)

7. How much monthly rent do you pay? (ENTER RESPONSE AND GO TO Q.9) 44-47/

________________________ _ _ _ _

8. Do you live in public housing or receive a rent subsidy?

2 No (ASK A.) 1 Public housing 0 Rent subsidy 48/_

A. Who helps you pay the rent?______________________________ 49-50/_ _

9. Do you (and your spouse) pay for all your food, or do you get any help from someone, or get food stamps? (IF RESPONSES "1 & 0" ARE GIVEN, CIRCLE BOTH AND GO TO Q.11) 51/_ 52/_

2 Pay all food
1 Help from someone (Go to Q.11)
0 Food stamps (Go to Q.12)

10. On the average, how much do you (and your spouse) spend on food every week? (ENTER RESPONSE AND GO TO Q.12) 53-55/

________________________ _ _ _

11. Who helps you to meet your food needs? (CIRCLE ALL THAT APPLY)

1 Relatives 56/_
1 Friend 57/_
Agency (SPECIFY)__________ 58-59/_ _

12. What kinds of medical and hospital insurance do you have? (PROBE FOR TYPE OF COVERAGE AND CIRCLE ALL THAT APPLY)

1 Medicare (hospitalization only) 60/_
1 Medicare (hospitalization and doctor's bills) 61/_
1 Medicaid or Medi-Cal 62/_
1 Private health insurance (hospitalization only) 63/_
1 Private health insurance (hospitalization and doctor's bills) 64/_
1 Veteran's health benefits 65/_
1 No health or medical insurance 66/_
Other (SPECIFY)______________________________ 67-68/_ _

13. Many people have to spend money on medicine. Would you please tell me about how much do you spend on medicine each month? (ENTER AMOUNT) 69-72/

$______________________ _ _ _ _

CARD 09

14. When you buy medicine, does the government help you to pay for it? 73/_

1 Yes, the government helps
0 No, the government doesn't help
2 Never buy medicine

SECTION I: NUTRITION/FOOD

CARD
5-6/10

Now I would like to ask you a few questions about your nutrition.

1. Would you please tell me if you have eaten any of the following foods during the last two days?

	Yes	No	
Milk, Cheese, other dairy products	1	0	7/_
Meats, poultry, fish, or eggs	1	0	8/_
Green vegetables such as lettuce	1	0	9/_
Beans and yellow vegetables such as carrots,squash	1	0	10/_
Fruit or fruit juices	1	0	11/_
Bread, cereal, pastas	1	0	12/_

2. If you were to use a senior citizens' nutrition center, would you like them to serve dishes from your own national heritage or country of origin?

1 Yes   0 No   13/_

3. For various reasons, some people don't or can't eat the foods that are good for them. How about you: Do you think that you eat well?

1 Yes (Go to Section J)   0 No   14/_

4. Would you please tell me why you feel that you don't or can't eat well? (CIRCLE ALL THAT APPLY)

1 Food too expensive 15/_
1 Don't understand food labels 16/_
1 Have a diet 17/_
Other (SPECIFY)________________ 18-19/_ _

CARD 10

SECTION J: SOCIAL SERVICES

Now I am going to ask you about a wide variety of social services and programs offered to senior citizens. Please tell me if any of these programs exist in this area.

	(a)	(b)	(c)	(d)
	Know?	Do you use it?	Is it adequate?	Do you presently need it?
1. Do you know of any services in this area which provide senior citizens with courses to further prepare them for retirement?	20 1 Yes → 0 No(Col.d)	21 1 Yes → 0 No(Col.d)	22 1 Yes → 0 No	23 1 Yes 0 No (next service)
2. Do you know of any services in this area which for a small fee provide senior citizens with local rides?	24 1 Yes → 0 No(Col.d)	25 1 Yes → 0 No(Col.d)	26 1 Yes → 0 No	27 1 Yes 0 No (next service)
3. Do you know of any services in this area that home-deliver hot meals to senior citizens?	28 1 Yes → 0 No(Col.d)	29 1 Yes → 0 No(Col.d)	30 1 Yes → 0 No	31 1 Yes 0 No (next service)
4. Do you know of any places in this area where senior citizens can go and eat a hot meal for a small fee ?	32 1 Yes → 0 No(Col.d)	33 1 Yes → 0 No(Col.d)	34 1 Yes → 0 No	35 1 Yes 0 No (next service)
5. Do you know of any services in this area to assist senior citizens regularly with cleaning house, washing clothes,etc.?	36 1 Yes → 0 No(Col.d)	37 1 Yes → 0 No(Col.d)	38 1 Yes → 0 No	39 1 Yes 0 No (next service)
6. Do you know of any services in this area which provide information about programs and help available for senior citizens?	40 1 Yes → 0 No(Col.d)	41 1 Yes → 0 No(Col.d)	42 1 Yes → 0 No	43 1 Yes 0 No (next service)

110

CARD 10

	(a) Know?	(b) Do you use it?	(c) Is it adequate?	(d) Do you presently need it?
7. Do you know of any services in this area to help senior citizens with legal problems?	44 1 Yes → 0 No(Col.d)	45 1 Yes → 0 No(Col.d)	46 1 Yes → 0 No	47 1 Yes 0 No (next service)
8. Do you know of any programs in this area to teach senior citizens consumer education?	48 1 Yes → 0 No(Col.d)	49 1 Yes → 0 No(Col.d)	50 1 Yes → 0 No	51 1 Yes 0 No (next service)
9. Do you know of food stamps or coupons in this area that you can buy and exchange for groceries?	52 1 Yes → 0 No(Col.d)	53 1 Yes → 0 No(Col.d)	54 1 Yes → 0 No	55 1 Yes 0 No (next service)
10. Do you know of any services in this area to assist senior citizens to fill out their income tax return?	56 1 Yes → 0 No(Col.d)	57 1 Yes → 0 No(Col.d)	58 1 Yes → 0 No	59 1 Yes 0 No (next service)
11. Do you know of any rent assistance services in this area to help senior citizens meet their monthly rent?	60 1 Yes → 0 No(Col.d)	61 1 Yes → 0 No(Col.d)	62 1 Yes → 0 No	63 1 Yes 0 No (next service)
12. Do you know of any medical assistance programs in this area to help senior citizens to pay for medical care?	64 1 Yes → 0 No(Col.d)	65 1 Yes → 0 No(Col.d)	66 1 Yes → 0 No	67 1 Yes 0 No (next service)
13. Do you know of any recreational programs in this area for senior citizens?	68 1 Yes → 0 No(Col.d)	69 1 Yes → 0 No(Col.d)	70 1 Yes → 0 No	71 1 Yes 0 No (next section)

CARD 11
5-6/11

SECTION K: SOCIAL, ORGANIZATIONAL, RELIGIOUS, AND POLITICAL ACTIVITIES

Now, I would like to ask you a few questions about how often you visit with relatives and friends, and in general about your life in the community.

(DO NOT ASK Q.1 IF RESPONDENT DOES NOT HAVE CHILDREN OR HAS ALL CHILDREN LIVING AT HOME - REFER TO SECTION A.Q.8)

1. During the last week, how many times have you visited with children not living with you?

0 None
1 1-2 times
2 3-4 times
3 5-6 times
4 Every day

7/_

2. During the last week, how many times have you visited with relatives other than your children?

0 None
1 1-2 times
2 3-4 times
3 5-6 times
4 Every day
5 Don't have any relatives

8/_

3. During the last week, how many times have you visited with friends or neighbors?

0 None
1 1-2 times
2 3-4 times
3 5-6 times
4 Every day
5 Don't have any friends/neighbors

9/_

4. Are you a member of any senior citizens club or organization?

1 Yes
0 No (Go to Q.6)

10/_

5. What is its name?

11-13/_ _ _

____

6. Would you like to join an organization that will keep you informed of senior citizen affairs?

1 Yes
0 No

14/_

7. How often do you go to church?

6 More than once a week
5 Once a week
4 Every other week
3 Once a month
2 A few times a year
1 Never (Go to Q.10)

15/_

8. Have you heard of any senior citizens' activities sponsored by your church?

1 Yes
0 No (Go to Q.10)

16/_

CARD 11

9. How often do you participate in these activities? Would you say you participate: (READ RESPONSES)

5 Very often 3 Sometimes 1 Never 17/_
4 Often 2 Rarely

(DO NOT ASK QUESTIONS 10 THROUGH 16 IF RESPONDENT IS NOT A CITIZEN- REFER TO SECTION A, Q.2)

10. Are you registered to vote?

1 Yes 0 No 18/_

11. Did you vote in the last local elections?

1 Yes 0 No 19/_

12. Did you vote in the last presidential election?

1 Yes 0 No (Go to Q.14) 20/_

13. Would you please tell me, which presidential candidate did you vote for? (CIRCLE RESPONSE AND GO TO Q.16)

1 Democrat (Carter) 3 Independent________________ 21-22/_ _
2 Republican (Ford) Other (SPECIFY)______________

14. There are many reasons why some people don't vote. Would you please tell me why you didn't vote in the last presidential election? (CIRCLE ONLY ONE)

1 Not registered 4 Sick 23-24/_ _
2 Didn't care to vote Other (SPECIFY)____________
3 No transportation ________________________

15. Although you didn't vote for a president in the last presidential election, did you prefer any candidate over the others? That is, for whom would you have voted if you had voted in the last presidential election?

1 Carter 25-26/_ _
2 Ford
Other (SPECIFY)_____________

16. Can you please tell me the name of one of the U.S. Senators from this state?

1 Yes (SPECIFY)______________ 0 No 27/_

17. Now please think carefully and tell me, did you (or your spouse) fill out a 1970 Census questionnaire?

1 Yes 28/_
0 No
2 Didn't live in the United States

CARD 11

18. Now, I'll read a list of reasons why the government takes a census. Please tell me which one you think is the main reason. (CIRCLE ONLY ONE)

1 To know where people are 29-30/_ _
2 To help people
3 To count the number of people
Other (SPECIFY)______________________________

SECTION L: CONTACTS WITH GOVERNMENT AGENCIES

---

1. Have you visited or contacted a government agency during the last 12 months?

1 Yes 0 No (Go to Section M) 31/_

2. What is the name of the last government agency that you contacted? 32-34/

____ _ _ _

3. Did you encounter any difficulty in dealing with the (MENTION NAME OF AGENCY)______________________________? 35/_

1 Yes 0 No (Go to Q.5)

4. What kind of difficulty did you have? (RECORD VERBATIM AND ENTER UP TO THREE RESPONSES)

A.______________________________ 36-37/_ _
B.______________________________ 38-39/_ _
C.______________________________ 40-41/_ _

5. In general, how would you describe your satisfaction in dealing with this government agency? Are you: (READ RESPONSES)

5 Very satisfied 2 Somewhat dissatisfied 42/_
4 Somewhat satisfied 1 Very dissatisfied
3 Neither satisfied, nor dissatisfied

CARD 11

SECTION M: DISCRIMINATION

1. In your judgment, do you think that you have ever been discriminated against because of your age, national origin or descent, or sex in the following areas? (CIRCLE ALL THAT APPLY)

	Because of your age?		Because of your origin or descent?		Because of your sex?		
	Yes	No	Yes	No	Yes	No	
Employment	1	0	1	0	1	0	43-45/_ _ _
Housing	1	0	1	0	1	0	46-48/_ _ _
Education	1	0	1	0	1	0	49-51/_ _ _
Health Care	1	0	1	0	1	0	52-54/_ _ _

SECTION N: NEWS SOURCES

1. Please tell me if you own or have any of the following: (READ EACH CATEGORY AND CIRCLE CODE)

	Yes	No	
Radio	1	0	55/_
Television	1	0	56/_
Telephone	1	0	57/_

2. I am going to read you a list of activities, and I would like you to tell me, how many times did you do them last week? (BE SURE TO ASK IN WHICH LANGUAGE)

	Daily	5 - 6 Times	3 - 4 Times	1 - 2 Times	None	Most in English	Most in Spanish	Both	
Watch television	5	4	3	2	1	1	0	2	58-59/_ _
Listen to the radio	5	4	3	2	1	1	0	2	60-61/_ _
Talk on the telephone	5	4	3	2	1	1	0	2	62-63/_ _
Read newspaper	5	4	3	2	1	1	0	2	64-65/_ _
Read magazine	5	4	3	2	1	1	0	2	66-67/_ _

CARD 12
5-6/12

SECTION O: PROBLEMS OF OLDER HISPANICS

1. Finally, as an individual, what do you think are the 3 most serious problems facing you at the present time? (ENTER RESPONSES)
   1.______________________________ 7-8/_ _
   2.______________________________ 9-10/_ _
   3.______________________________ 11-12/_ _

In order for my supervisor to verify that I have been here, I would like to have your name, address and telephone number. Again, I must emphasize that this is strictly confidential.

Name______________________________

Address______________________________

Telephone No.____________________ (INCLUDE AREA CODE)

What would be the best time of the day to call you?__________

READ: Thank you very much for your cooperation.

COMPLETE THIS SECTION IMMEDIATELY AFTER LEAVING THE RESPONDENT'S HOME

1. In your opinion, how difficult was it for the respondent to answer your questions? 13/_

   0 Very difficult 1 Somewhat difficult 2 Not difficult at all

2. Check any of the following which the respondent had: 14/_ 15/_ 16/_ 17/_ 18/_ 19-20/_ _

   1 Blindness 1 Deafness 1 Missing limb(s)
   1 Tremors, shakes, palsy 1 Speech impairment Other______________

3. Description of Building Structure: 21-22/_ _

   1. Detached one family house
   2. Townhouse
   3. Single apartment over garage
   4. Duplex
   5. Triplex/Fourplex
   6. Apartment building, 5-9 units
   7. Apartment bldg., 10-19 units
   8. Apt. bldg., more than 19 units
   9. Mobile home/Trailer
   10. Group quarters
   11. House on a farm

4. Was any other person present during the interview and did that person influence the respondent? 23/_

   1 Resp. only 2 Very much 3 Somewhat 4 Little or none

5. Write your comments about anything else that you may consider important to know and that has not been covered during the interview. 24-25/_ _ 26-27/_ _ 28-29/_ _

   ____
   ____
   ____

I state that I have completed this assignment following the study's specifications; I have conducted the interview in the designated area, and I have followed the skipping procedures determined by the Field Office. 30/_ 31/_ 32-34/_ _ _ 35-37/_ _ _

____
Interviewer's Signature

PLEASE RECORD ENDING TIME IN FRONT OF THE QUESTIONNAIRE!

B. Spanish Questionnaire

ASOCIACION NACIONAL PRO PERSONAS MAYORES
1730 W. Olympic Blvd., Suite 401
Los Angeles, CA 90015

CUESTIONARIO PARA ESTIMAR LAS NECESIDADES DE LAS PERSONAS MAYORES DE HABLA HISPANA

PROMESA DE MANTENER LAS RESPUESTAS EN ABSOLUTA CONFIDENCIA

> Toda información que podría permitir la identificación de la persona entrevistada se mantendrá en estricta confidencia y será usada únicamente por aquellas personas involucradas en este estudio y para los propósitos del mismo. La información no será empleada para ningún otro propósito.

I.D. No.	State	County	City or Town	Tract

B.G.	E.D.	Area Point

THIS SECTION IS TO BE USED ONLY WHEN LOCATING HISPANIC ELDERLY RESPONDENTS

INTERVIEWER'S CONTACT RECORD

RESULTS						
Day	Date	Time	Symbol	Comments	Interviewer's Name	Supervisor's Signature
		AM PM				
		AM PM				
		AM PM				

Symbols

C: Interview Completed
O: Other Situations

Beginning Time____________ AM PM

Ending Time____________ AM PM

Language ____________

Density____________

Date Completed____________

Questionnaire Validated By:____________ Date ________

Interview Edited By:____________ Date ________

Questionnaire Coded By:____________ Date ________

Este cuestionario es propiedad de la Asociación Nacional Pro Personas Mayores y no puede ser reproducido sin la autorización oficial de la Asociación Nacional Pro Personas Mayores.

JULY 1979

BEGIN CARD 01
ID#
1-4/ _ _ _ _
CARD 5-6/01
7-8/_ _
9-11/ _ _ _
12-15/ _ _ _ _
16-21/ _ _ _ _ _ _
22/_
23-27/ _ _ _ _ _
28-30/ _ _ _
31-34/ _ _ _ _
35/_
36-38/ _ _ _
39/41/ _ _ _
42/_
43/_
44-48/ _ _ _ _ _
49-50/_ _

CARD 01

SECCION A: INFORMACION SOCIODEMOGRAFICA E IDIOMA

Para empezar quisiera hacerle algunas preguntas sobre usted:

1. Por favor, dígame dónde nació? 51/_ 52-53/_ _

1 Estados Unidos (Siga en la P.4)
2 Puerto Rico (Siga en la P.3)
3 México
4 Cuba
Otro país (ESPECIFIQUE) ____________

2. Es ciudadano(a) de los Estados Unidos? 54/_

1 Sí
0 No

3. Cuántos años tenía cuando vino a vivir a los Estados Unidos? ____________ 55-56/_ _

4. En cuántas diferentes ciudades ha vivido durante los últimos cinco años? 57/_

0 Ninguna otra
1 Otra ciudad
2 Otras dos
3 Otras tres
4 Otras cuatro
5 Otras cinco o más

5. Sexo: MARQUE EL SEXO DE LA PERSONA ENTREVISTADA 58/_

1 Masculino
2 Femenino

6. Por favor, dígame cuántos años tiene? ____________ 59-61/_ _ _

7. Cuál es su estado civil? 62/_

1 Casado(a)
2 Viudo(a)
3 Divorciado(a)
4 Separado(a)
5 Nunca se ha casado
6 Juntos

8. Tiene hijos propios, adoptivos o de crianza? 63/_

1 Sí
0 No (Siga en la P.10)

9. Cuántos hijos tiene y de qué edad? (ANOTE LA EDAD EN EL ORDEN DADO - ANOTE HASTA DOCE)

Hijos	Edad	Hijos	Edad	Hijos	Edad
1o.	___	5o.	___	9o.	___
2o.	___	6o.	___	10o.	___
3o.	___	7o.	___	11o.	___
4o.	___	8o.	___	12o.	___

SI LA PERSONA REPORTA MAS DE DOCE HIJOS, ANOTE LA INFORMACION EN EL SIGUIENTE ESPACIO)

____

____

64-65/_ _
66-67/_ _
68-69/_ _
CARD
5-6/02
7-8/_ _
9-10/_ _
11-12/_ _
13-14/_ _
15-16/_ _
17-18/_ _
19-20/_ _
21-22/_ _
23-24/_ _
25-26/_ _

CARD 02

10. Quién vive aquí con usted? (MARQUE TODAS LAS QUE APLIQUEN) 27/_ 28/_ 29/_ 30/_ 31/_ 32/_ 33/_ 34/_ 35/_

1 Nadie
1 Esposo(a)
1 Hijos (Propios o de crianza)
1 Hermano/hermana
1 Nietos
1 Los padres
1 Parientes
1 Amigo(a)
1 Inquilino
Otro (ESPECIFIQUE)________

11. Cuál es el año o grado más alto que ha completado en la escuela? (MARQUE EL NUMERO APROPIADO) 36-37/_ _

Nunca fue a la escuela - 0
Guardería infantil/Kindergarten-0.5
Elemental - 1 2 3 4 5 6 7 8
Secundaria/Bachillerato - 9 10 11 12
Universidad - 13 14 15 16

Escuela de graduados
17 O mas
(Especifique qué diploma, título, o carrera) 38-39/_ _ 40-41/_ _
____

12. Ha asistido a alguna escuela de artes y oficios, politécnica o vocacional? 42/_

1 Sí
0 No

13. Me podría decir qué tan a menudo habla inglés en su casa? Diría usted que habla inglés: (LEA LAS CATEGORIAS) 43/_

5 Todo el tiempo
4 La mayor parte del tiempo
3 La mitad del tiempo
2 Parte del tiempo
1 Rara vez o nunca

14. En general, qué difícil son para Ud. los formularios escritos en inglés? (LEA LAS RESPUESTAS) 44/_

1 Muy difícil
2 Relativamente difícil
3 Nada difícil

15. A qué religión pertenece? 45/_

1 Católica
2 Protestante
Otra (ESPECIFIQUE)________
3 Ninguna

16. Cuál es su origen nacional o descendencia? 46-47/_ _

1 Mexicano-americano(a)
2 Chicano(a)
3 Mexicano(a)
4 Cubano(a)
5 Puertorriqueno(a)
Otro grupo hispano (ESPECIFIQUE)________

SECCION B: TRANSPORTE

Quisiera hacerle algunas preguntas sobre cómo se transporta de un lugar a otro.

1. Durante los últimos doce meses, qué tipo de transporte ha empleado usualmente para hacer lo siguiente: (LEA EL ENCABEZAMIENTO Y MARQUE HASTA DOS RESPUESTAS POR CADA COLUMNA)

CARD 02

Tipo de transporte	Sus Compras	Sus Visitas Médicas	Sus Visitas a familiares y amigos	Ir a la iglesia
Camina	1 48	1 49	1 50	1 51
Maneja	1 52	1 53	1 54	1 55
Tiene un familiar que le lleve	1 56	1 57	1 58	1 59
Tiene un(a) amigo(a) que le lleve	1 60	1 61	1 62	1 63
Toma el autobús o el subterráneo	1 64	1 65	1 66	1 67
Paga a alguien o toma un taxi	1 68	1 69	1 70	1 71
Agencia pública(ESPECIFIQUE) 7-8 ____________	1 9	1 10	1 11	1 12
Otro (ESPECIFIQUE) 13-14 ____________	1 15	1 16	1 17	1 18
NO APLICA	1 19	1 20	1 21	1 22

CARD 5-6/03

2. Cuántas cuadras tiene que caminar para llegar a la parada de autobús, tren, o subterráneo más cercana?

# de cuadras__________ No hay transportación disponible_____

23-24/_ _
25/_

SECCION C: EMPLEO

Ahora quisiera hacerle algunas preguntas sobre su estado de empleo:

1. Me podría decir cuál de las siguientes categorías describe mejor su estado de empleo? (MARQUE SOLO UNA RESPUESTA)

26-27/_ _

1 Empleado tiempo completo (Siga en la P.8)
2 Empleado medio tiempo (Siga en la P.8)
3 No empleado pero buscando trabajo (Siga en la P.8)
4 No empleado y no está buscando trabajo (Siga en la P.2)
5 Permanentemente incapacitado (Siga en la P.8)
6 Temporalmente incapacitado (Siga en la P.8)
7 Jubilado por incapacidad física (Siga en la P.4)
8 Jubilado (Siga en la P.4)
9 Ama de casa (Siga en la P.2)

2. Hay muchas razones que impiden que las personas busquen trabajo. Hay algún motivo que le impide buscar trabajo?

28/_

1 Si 0 No (Siga en la P.8)

CARD 03

3. Me podría decir cuál es su motivo? (MARQUE SOLO UNA RESPUESTA Y SIGA EN LA P.8)

29-30/_ _

1 El trabajo de la casa
2 No hay trabajo disponible
3 Falta de oficio
4 Falta de educación
5 Falta de transportación
6 Salud mala - incapacidad física
7 Idioma
Otro (ESPECIFIQUE)______________

4. Qué edad tenía cuando se jubiló?

31-32/_ _

____

5. Cuál fue la razón principal para que se jubilara? (MARQUE SOLO UNA RESPUESTA)

33-34/_ _

1 Edad
2 Mala salud
3 Incapacidad física relacionada con el trabajo
4 Falta de trabajo
5 Cierre de la firma/despedido(a)
Otra (ESPECIFIQUE)______________

6. Ha trabajado desde que se jubiló?

1 Sí
0 No (Siga en la P.8)

35/_

7. Recibió Ud. algún pago por este trabajo?

36/_

1 Sí
0 No

8. Ha buscado empleo durante el último año?

37/_

1 Sí
0 No (Siga en la P.12)

9. En estos tiempos, mucha gente tiene dificultad en encontrar trabajo. Ha tenido Ud. dificultades en encontrar trabajo durante el último año?

38/_

1 Sí
0 No (Siga en la P.11)

10. Qué clase de dificultades? (MARQUE HASTA TRES RESPUESTAS)

39/_
40/_
41/_
42/_
43/_
44/_
45/_
46-47/_ _

1 No hay trabajo
1 Falta de oficio
1 Falta de educación
1 Falta de transporte
1 Mala salud -incapacidad física
1 Edad
1 Idioma
Otro (ESPECIFIQUE)______________

11. Quién le ha ayudado a encontrar trabajo durante el último año? (MARQUE TODAS LAS QUE APLIQUEN)

48/_
49/_
50/_
51/_
52/_
53-54/_ _
55-56/_ _

1 Nadie
1 Esposo(a)
1 Pariente
1 Amigo
1 Agencia privada de empleos______________
Agencia pública de empleos (ESPECIFIQUE)___
____
Otro (ESPECIFIQUE)______________
____

CARD 03

12. **Es alguien en su casa miembro de alguna unión (sindicato), o ha sido alguien en su casa miembro alguna vez?** (MARQUE TODAS LAS QUE APLIQUEN)

1 Sí, yo — 57/_
1 Mi esposo(a) — 58/_
1 Hija o hijo — 59/_
1 Nietos — 60/_
Otro pariente (ESPECIFIQUE)_____ — 61-62/_ _
0 No — 63/_

13. **Qué tipo de trabajo desempeña o ha desempeñado la mayor parte de su vida?** (TRATE DE AVERIGUAR EL TIPO ESPECIFICO DE TRABAJO Y DESCRIBALO EN DETALLE; POR EJEMPLO: MAESTRO(A) DE BACHILLERATO, INGENIERO(A) CIVIL, GUARDIA DE SEGURIDAD, ETC.) — 64-66/_ _ _

____

____

SECCION D: VIVIENDA/VECINDARIO

Hablemos un poco sobre su casa y vecindario:

1. **Cuánto tiempo tiene viviendo en este barrio o vecindario?** (ANOTE EL NUMERO DE MESES O AÑOS)

Meses________ Años__________ — 67-68/_ _

2. **Tiene planes de mudarse de su casa dentro de los próximos doce meses?**

1 Sí
0 No (Siga en la P.4) — 69/_

3. **Voy a leerle una lista de razones por las que la gente se muda. Piensa usted mudarse porque:**

CARD 5-6/04

	Sí	No		
Es demasiado caro vivir aquí	1	0		7/_
La casa está en malas condiciones	1	0		8/_
Hay demasiado ruido	1	0		9/_
Los vecinos son hostiles/No son amistosos	1	0		10/_
El vecindario no es seguro	1	0		11/_
Los dueños le pidieron que se mudara	1	0		12/_
La casa será derrumbada	1	0		13/_
No tiene familiares o amigos cerca	1	0		14/_
El vecindario no está convenientemente situado	1	0		15/_
El vecindario está demasiado sucio	1	0		16/_
Otro (ESPECIFIQUE)	1	0	(Siga en la P.5)	17/_ 18-19/_ _

CARD 04

4. Ahora voy a leerle una lista de razones por las cuales la gente no se muda. Hay alguna de ellas por la cual usted no se piensa mudar de su casa?

	Sí	No	
El vecindario queda cerca de familiares/amigos	1	0	20/_
El vecindario está convenientemente situado	1	0	21/_
Los vecinos son buenos/amistosos	1	0	22/_
Apego a la casa/área	1	0	23/_
No tiene dinero para mudarse	1	0	24/_
No tiene alguien que le ayude a mudarse	1	0	25/_
Otra (ESPECIFIQUE)	1	0	26/_ 27-28/_ _

5. Tiene su vivienda tuberías de agua caliente y fría, inodoro (excusado) con agua corriente, y bañadera, tina o ducha? (MARQUE NO, SI CARECE DE ALGUNO)

1 Sí   0 No   29/_

6. Muchas personas necesitan hacerle algunas reparaciones a sus casas. Hay algo en su casa que necesite reparaciones? Por ejemplo, necesita su casa de:

	Si	No	
Reparaciones de tubería	1	0	30/_
Reparaciones de calefacción	1	0	31/_
Reparaciones eléctricas	1	0	32/_
Reparaciones de grietas en los techos,cielos rasos o paredes	1	0	33/_
Reparaciones de pisos	1	0	34/_
Pintura	1	0	35/_
Fumigación	1	0	36/_
Otra (ESPECIFIQUE)	1	0	37/_

SECCION E: CRIMEN

38-39/_ _

1. Me podría decir si ha sido víctima de algún crimen o atropello durante los últimos doce meses?

1 Sí   0 No (Siga en la Sección F)   40/_

CARD 04

2. Fue el crimen (LEA LA LISTA AL ENTREVISTADO Y MARQUE UNO POR CADA CATEGORIA)

	(a)	(b)	(c)	(d)
		Lo reportó a la policía?	Qué hizo la policía (ESPECIFIQUE)	Por qué no? (ESPECIFIQUE)
Vandalismo	41 1 Sí ⟶ 0 No	42 1 Sí ⟶ 0 No (Col.d)	43-44	45-46
Le robaron la billetera o el bolso	47 1 Sí ⟶ 0 No	48 1 Sí ⟶ 0 No (Col.d)	49-50	51-52
Entraron ladrones en la casa	53 1 Sí ⟶ 0 No	54 1 Sí ⟶ 0 No (Col.d)	55-56	57-58
El correo le fue robado	59 1 Sí ⟶ 0 No	60 1 Sí ⟶ 0 No (Col.d)	61-62	63-64
Ataque físico	65 1 Sí ⟶ 0 No	66 1 Sí ⟶ 0 No (Col.d)	67-68	69-70
Cualquier otro (ESPECIFIQUE)	9 1 Sí ⟶ 0 No.	10 1 Sí ⟶ 0 No (Col.d)	11-12	13-14

CARD
5-6/05
7-8/_ _

SECCION F: SALUD

Hablemos ahora sobre su salud por unos minutos.

1. Dónde va usted usualmente para obtener asistencia médica? (MARQUE TODAS LAS QUE APLIQUEN)

1 Ningún sitio en particular
1 La oficina del doctor
1 Clínica privada
1 Clínica pública
1 Cuarto de emergencias del hospital

1 Parientes/amigos
1 Curanderos
1 Quiropráctico
Otro (ESPECIFIQUE)________
____

15/_
16/_
17/_
18/_
19/_
20/_
21/_
22/_
23-24/_ _

2. Durante los últimos doce meses, tuvo Ud. necesidad de ver a un médico y por alguna razón no lo vió?

1 Sí   0 No (Siga en la P.4)

25/_

CARD 05

3. Por qué no fue a ver al médico? (MARQUE TODAS LAS QUE APLIQUEN)

1 No hay médicos cerca de aquí 26/_
1 No pude conseguir una cita 27/_
1 Estaba muy enfermo(a) para ir 28/_
1 No tenía dinero 29/_
1 No tenía transporte 30/_
1 Problemas de idioma 31/_
1 No sabía dónde ir 32/_
Otra (ESPECIFIQUE)________________________ 33-34/_ _

4. Fue hospitalizado(a) alguna vez durante los últimos doce meses?

1 Sí 0 No 35/_

5. Durante los últimos doce meses le ha dicho el médico que necesita hospitalizarse pero usted no lo ha hecho?

1 Sí 0 No (Siga en la P.7) 36/_

6. Por qué no lo hizo? (MARQUE TODAS LAS QUE APLIQUEN)

1 No hay hospitales cerca de aquí 37/_
1 No tenía seguro de hospital 38/_
1 No tenía dinero 39/_
1 No pensé que estaba tan enfermo(a) 40/_
1 No tenía transporte 41/_
1 No tengo confianza en el hospital/No me gustan los hospitales 42/_
Otra (ESPECIFIQUE)________________________ 43-44/_ _

7. Durante los últimos doce meses, tuvo Ud. necesidad de ver a un dentista pero por alguna razón no lo vió?

1 Sí 0 No (Siga en la P.9) 45/_

8. Por qué no fue a ver al dentista? (MARQUE TODAS LAS QUE APLIQUEN)

1 No hay dentistas cerca de aquí 46/_
1 No pude conseguir una cita 47/_
1 Estaba muy enfermo(a) 48/_
1 No tenía dinero para la consulta 49/_
1 No tenía transporte 50/_
1 Problemas de idioma 51/_
1 No sabía dónde ir 52/_
Otra (ESPECIFIQUE)________________________ 53-54/_ _

CARD 05

9. Voy a leerle una lista de enfermedades; por favor, dígame cúales el doctor le ha dicho que Ud. tiene actualmente:

			SI LA RESPUESTA ES "SI," PREGUNTE: Le limita la clase o cantidad de trabajo que hace en su casa o fuera de su casa?			
	No	Sí	En nada?	Un poco?	Muchísimo?	
Artritis, gota o reumatismo	0	1	0	1	2	55-56/_ _
Glaucoma o cataratas	0	1	0	1	2	57-58/_ _
Enfisema-bronquitis, Brown lung	0	1	0	1	2	59-60/_ _
Tuberculosis	0	1	0	1	2	61-62/_ _
Hipertensión/presión alta	0	1	0	1	2	63-64/_ _
Problemas del corazón	0	1	0	1	2	65-66/_ _
Problemas de circulación	0	1	0	1	2	67-68/_ _
Diabetes	0	1	0	1	2	69-70/_ _
Ulceras del sistema digestivo	0	1	0	1	2	CARD 5-6/06 7-8/_ _
Otros problemas relacionados con el estómago, intestinos, o vesícula	0	1	0	1	2	9-10/_ _
Enfermedades del hígado	0	1	0	1	2	11-12/_ _
Problemas de los riñones	0	1	0	1	2	13-14/_ _
Otros desórdenes del sistema renal, incluyendo problemas de la próstata	0	1	0	1	2	15-16/_ _
Cáncer o leucemia	0	1	0	1	2	17-18/_ _
Anemia	0	1	0	1	2	19-20/_ _
Efectos de embolia o ataque cerebral	0	1	0	1	2	21-22/_ _

CARD 06

	No	Sí	SI LA RESPUESTA ES "SI," PREGUNTE: Le limita la clase o cantidad de trabajo que hace en su casa o fuera de su casa?			
			En nada?	Un poco?	Muchísimo?	
Parkinson	0	1	0	1	2	*23-24/_ _*
Epilepsia	0	1	0	1	2	*25-26/_ _*
Parálisis cerebral	0	1	0	1	2	*27-28/_ _*
Esclerosis múltiple	0	1	0	1	2	*29-30/_ _*
Distrofia muscular	0	1	0	1	2	*31-32/_ _*
Efectos de polio	0	1	0	1	2	*33-34/_ _*
Desórdenes glandulares	0	1	0	1	2	*35-36/_ _*
Desórdenes de la piel como lastimaduras, úlceras en las piernas, quemaduras severas, etc.	0	1	0	1	2	*37-38/_ _*
Problemas para hablar	0	1	0	1	2	*39-40/_ _*
Otros problemas (ESPECIFIQUE)	0	1	0	1	2	*41-42/_ _*
						43-44/_ _

(SI LA PERSONA REPORTA ALGUNA ENFERMEDAD, SIGA EN LA P.10)

CARD 06

45-46/_ _

10. En su opinión, cuál(es) de esta(s) enfermedad(es) ha(n) sido causada por su trabajo? (ANOTE HASTA 3 RESPUESTAS - SI NO HAN SIDO CAUSADA POR EL TRABAJO ESCRIBA "NINGUNA")________________________________

47-48/_ _
49-50/_ _

11. Usa usted actualmente algunos de los siguientes aparatos de soporte? (MARQUE UNO POR CADA CATEGORIA)

	Sí	No
Dientes postizos	1	0
Bastón	1	0
Caminador	1	0
Silla de ruedas	1	0
Aparato ortopédico para las piernas	1	0
Corsette para la espalda	1	0
Pierna o brazo artificial	1	0

	Si	No
Aparato para oír bien	1	0
Espejuelos/anteojos	1	0
Aparatos para colostomía	1	0
Sonda	1	0
Diálisis para los riñones	1	0
Otro (ESPECIFIQUE) ________________	1	0

51/_
52/_
53/_
54/_
55/_
56/_
57/_
58/_
59/_
60/_
61/_
62/_
63/_
64-65/_ _

12. Necesita Ud. actualmente un aparato médico que no tenga?

1 Sí   0 No (Siga en la P.14)

66/_

13. Cuáles? (ANOTE HASTA CUATRO RESPUESTAS)

1.________________________   3.________________________

2.________________________   4.________________________

67-68/_ _
69-70/_ _
71-72/_ _
73-74/_ _
CARD
5-6/07

14. Le voy a leer una lista de actividades que algunas personas tienen dificultad en hacer por si mismos. En cada caso dígame por favor si puede hacerlo por si mismo(a), o si necesita ayuda de otra persona.

	Puedo	Necesito Ayuda	
Comer por si mismo(a)	1	0	7/_
Tomar medicinas	1	0	8/_
Vestirse y ponerse los zapatos	1	0	9/_
Peinarse/afeitarse	1	0	10/_
Bañarse	1	0	11/_
Subir gradas/escaleras	1	0	12/_

CARD 07

	Puedo	Necesito Ayuda	
Cocinar	1	0	13/_
Limpiar la casa	1	0	14/_
Manejar un auto	1	0	15/_
Viajar en autobús	1	0	16/_
Caminar	1	0	17/_
Manejar su dinero	1	0	18/_

15. La última vez que estuvo enfermo(a) y necesitó ayuda, quién le ayudó a hacer lo siguiente: (MARQUE TODAS LAS QUE APLIQUEN EN CADA CATEGORIA)

	Nadie	Esposo(a)	Pariente	Vecinos/ amigos	Pague a alguien	Agencia (ESPECIFIQUE)	No necesité ayuda
Bañarse	19 1	20 1	21 1	22 1	23 1	24-25	26 0
Vestirse	27 1	28 1	29 1	30 1	31 1	32-33	34 0
Preparar comidas	35 1	36 1	37 1	38 1	39 1	40-41	42 0
Limpiar la casa	43 1	44 1	45 1	46 1	47 1	48-49	50 0
Hacer compras	51 1	52 1	53 1	54 1	55 1	56-57	58 0
Ir al doctor	59 1	60 1	61 1	62 1	63 1	64-65	66 0

16. En general diría Ud. que su salud es: (LEA LAS RESPUESTAS)

5 Muy buena
4 Buena
3 Regular
2 Mala
1 Muy mala

67/_

SECCION G: SALUD MENTAL

Hablemos de otra cosa. De vez en cuando, alguna gente tiene problemas o dificultades con la familia, amigos, o con su vida en general.

CARD 07

1. Durante el año pasado, tuvo Ud. algún problema de familia que le fue difícil resolver por si mismo(a)?

68/_

1 Sí
0 No (Siga en la P.3)

2. Me podría decir por favor, a quién le pidió ayuda? (MARQUE HASTA TRES RESPUESTAS)

CARD
5-6/08

1 A nadie
1 Iglesia-padre-ministro
1 Esposo(a)
1 Pariente
1 Amigo(a)
1 Consejero(a)
1 Psicólogo(a)
1 Doctor(a)
Agencia (ESPECIFIQUE)________________
Otro (ESPECIFIQUE)____________________

7/_
8/_
9/_
10/_
11/_
12/_
13/_
14/_
15-16/_ _
17-18/_ _
19/_

3. En la vida de alguna gente, hay épocas en que se sienten deprimidos. Se ha sentido Ud. deprimido durante el último año?

1 Sí
0 No (Siga en la P.5)

4. Podría decirme por favor, a quién le pidió ayuda? (MARQUE HASTA TRES RESPUESTAS)

1 A nadie
1 Iglesia-padre-ministro
1 Esposo(a)
1 Pariente
1 Amigo(a)
1 Consejero(a)
1 Psicólogo(a)
1 Doctor(a)
Agencia (ESPECIFIQUE)________________
Otro (ESPECIFIQUE)____________________

20/_
21/_
22/_
23/_
24/_
25/_
26/_
27/_
28-29/_ _
30-31/_ _

5. Algunas personas encuentran difícil el poder dormir porque están preocupadas. Se preocupa Ud. algunas veces tanto que no puede dormir?

1 Sí
0 No

32/_

6. Hay ocasiones en que Ud. tiene miedo, pero no está seguro a lo que le tiene miedo?

33/_

1 Sí
0 No (Siga en la Sección H)

7. Diría Ud. que se siente así: (LEA LAS RESPUESTAS)

5 Muy a menudo
4 A menudo
3 Algunas veces
2 Raramente
1 Nunca

34/_

8. Tomando todo en consideración, cómo Ud. describiría en la actualidad su satisfacción con su vida en general? Diría Ud. que está: (LEA LAS RESPUESTAS)

5 Muy satisfecho(a)
4 Relativemente satisfecho(a)
3 Ni satisfecho(s) ni disatisfecho(a)
2 Relativemente disatisfecho(a)
1 Muy disatisfecho(a)

35/_

CARD 08

SECCION H: INGRESOS Y GASTOS

Ahora me gustaría hacerle algunas preguntas acerca de sus ingresos y gastos. Debo de recordarle que esta información es estrictamente confidencial y no será identificada con su nombre.

1. Por favor, dígame qué número corresponde con su ingreso familiar anual después de deducir los impuestos? Es decir, el ingreso suyo y el de su esposo(a) en los últimos doce meses. (MUESTRE LA LISTA DE INGRESOS AL ENTREVISTADO Y ASEGURESE DE ESPECIFICAR SI ES ANUAL O MENSUAL)

36-37/_ _

1.	$ 0	-	499		16.	$ 0	-	41	
2.	500	-	999		17.	42	-	83	
3.	1,000	-	1,999		18.	84		166	
4.	2,000	-	2,999		19.	167	-	249	
5.	3,000	-	3,999		20.	250	-	333	
6.	4,000	-	4,999		21.	334	-	416	
7.	5,000	-	6,999		22.	417	-	583	
8.	7,000	-	9,999		23.	584	-	833	
9.	10,000		14,999		24.	834	-	1,249	
10.	15,000	-	19,999		25.	1,250	-	1,666	
11.	20,000	-	24,999		26.	1,667	-	2,083	
12.	25,000	-	29,999		27.	2,084	-	2,499	
13.	30,000	-	34,999		28.	2,500	-	2,916	
14.	35,000	-	39,999		29.	2,917	-	3,333	
15.	40,000 and over				30.	3,334 and over			

461

CARD 08

2. Ahora dígame de cúales de las siguientes categorías proviene su ingreso personal mensual después de deducir los impuestos? Es decir, el suyo solamente, sin incluir a su esposo(a). (LEA CADA CATEGORIA; SI NO RECIBE INGRESO, MARQUE "O" EN LA COLUMNA DE "CUANTO")

	Cuanto	
Ingresos de empleo (sueldo, salario, o ingreso de negocio)	$	38-41/ ____
Rentas, intereses sobre inversiones, etc. (Inclusive fideicomisos, pensiones y pagos por concepto de pólizas de seguro, intereses por cuentas de ahorro)		42-45/ ____
Seguro Social de retiro		46-49/ ____
Pagos del Seguro Social por incapacidad física (No incluya Ingreso Suplemental de Seguro o SSI)		50-53/ ____
Beneficios del Seguro Social para viudos(as)		54-57/ ____
Beneficios de Veterano ("G.I.Bill" o pagos por incapacidad)		58-61/ ____
Beneficios por incapacidad (públicos y privados) como compensación por accidentes de trabajo (Excluya Seguro Social, SSI, o ayuda de Veteranos)		62-65/ ____
Seguro de desempleo		66-69/ ____
Pensión de retiro de su trabajo (no incluya Seguro Social de retiro)		CARD 5-6/09 7-10/ ____
Pagos asignados por una Corte para el soporte suyo y de sus hijos		11-14/ ____
Becas o ayudas escolares (incluya sólo la cantidad libre después de pagar matrículas)		15-18/ ____
Ayuda regular de familiares (incluya contribuciones regulares de los hijos que trabajan)		19-22/ ____
Ingreso Suplemental de Seguridad (SSI; cheque amarillo del gobierno)		23-26/ ____
Pagos del Bienestar Social (Welfare) o Ayuda para Sostener Hijos Menores		27-30/ ____
Otra (ESPECIFIQUE)		31-34/ ____ 35-36/__

CARD 09

3. Es propietario(a) de la casa o apartamento?

1 Sí　　　0 No (Siga en la P.6)　　　37/_

4. Es suya por completo o todavía está pagando la hipoteca?

1 Suyo(a) (Siga en la P.9)　　　0 Pagando hipoteca　　　38/_

5. Cuánto paga mensualmente? (MARQUE LA RESPUESTA Y SIGA EN LA P.9)

39-42/

____________________　　　_ _ _ _

6. Ud. (y su esposo(a)) pagan toda la renta o Ud. contribuye a la renta, o la paga alguien más? (MARQUE SOLO UNA)

43/_

2 Paga toda la renta
1 Contribuye a la renta (Siga en la P.8)
0 Alguien más paga toda la renta (Siga en la P.8)

7. Cuánto paga(n) de renta mensualmente? (MARQUE LA RESPUESTA Y SIGA EN LA P.9)

44-47/

____________________　　　_ _ _ _

8. Vive(n) Ud. en vivienda pública o recibe(n) subsidio de renta?

2 No (Pregunte A.)　　　0 Subsidio de renta　　　48/_
1 Vivienda pública

49-50/_ _

A. Quién le(s) ayuda a pagar la renta? ________________________

9. Paga(n) usted (y su esposo(a)) por todos sus alimentos, o recibe(n) ayuda de alguien, o reciben estámpillas para alimentos? (SI LAS RESPUESTAS SON "1" Y "0," MARQUE AMBAS Y SIGA EN LA P.11)

51/_
52/_

2 Pago (pagamos) por todos los alimentos　　　0 Estampillas para alimentos (Siga en la P.12)
1 Ayuda de alguien (Siga en la P.11)

10. Aproximadamente, cuánto gasta (Ud. y esposo(a) en comida a la semana? (MARQUE LA RESPUESTA Y SIGA EN LA P.12)

53-55/

____________________　　　_ _ _

11. Quién le(s) ayuda a cubrir sus necesidades de comida? (MARQUE TODAS LAS QUE APLIQUEN)

56/_
57/_
58-59/_ _

1 Parientes　　　1 Amigos
Agencia (ESPECIFIQUE) ____________

CARD 09

12. Qué tipo de seguro médico y de hospitalización tiene? (AVERIGUE EL TIPO DE SEGURO Y MARQUE TODAS LAS QUE APLIQUEN)

1 Medicare (hospitalización solamente) 60/_
1 Medicare (hospitalización y médico) 61/_
1 Medicaid o Medi-Cal 62/_
1 Seguro privado (hospitalización solamente) 63/_
1 Seguro privado (hospitalización y médico) 64/_
1 Servicio de Salud de los Veteranos 65/_
1 Ningún seguro de salud o médico 66/_
Otro (ESPECIFIQUE)______________________________ 67-68/_ _

13. Mucha gente tiene que gastar dinero en medicinas. Podría decirme por favor, cuánto gasta Ud. en medicina al mes? (ESCRIBA LA CANTIDAD) 69-72/

$________________ _ _ _ _

14. Cuando Ud. compra medicina, lo(a) ayuda el gobierno a pagar por ella? 73/_

1 Sí, el gobierno ayuda
0 No, el gobierno no ayuda
2 Nunca compró medicina

SECCION I: NUTRICION/ALIMENTACION

CARD
5-6/10

Ahora me gustaría preguntarle acerca de su nutrición.

1. Me quiere decir, por favor, si ha comido algunos de los siguientes alimentos durante los últimos dos días?

	Sí	No	
Leche, queso, u otros productos lácteos	1	0	7/_
Carnes, pollo, pescado, huevos	1	0	8/_
Verduras como lechuga	1	0	9/_
Legumbres, frijoles y vegetales amarillos como zanahorias, zapallo o calabaza	1	0	10/_
Frutas o jugos de fruta	1	0	11/_
Pan, cereales, pasta	1	0	12/_

2. Si tuviese que ir a centros de nutrición para personas mayores, le gustaría que le sirvieran platos típicos de su propia descendencia nacional o país original?

1 Sí   0 No   13/_

CARD 10

3. Por varias razones, algunas personas no comen o no pueden comer alimentos que son buenos para ellos. Qué le parece: Cree Ud. que se alimenta bien?

1 Sí (Siga en la Sección J)   0 No   14/_

4. Podría decirme por favor, por qué cree Ud. que no come o puede comer bien? (MARQUE TODAS LAS QUE APLIQUEN)

1 La comida es muy cara   15/_
1 No entiendo las etiquetas de alimentos   16/_
1 Tengo dieta   17/_
Otro (ESPECIFIQUE)________________________________   18-19/_ _

SECCION J: SERVICIOS SOCIALES

Le quisiera hacer algunas preguntas sobre una gran variedad de servicios y programas sociales que se ofrecen a personas mayores. Por favor dígame si hay algunos de estos programas en su área.

	(a) Sabe?	(b) Lo utiliza?	(c) Le parece adecuado?	(d) Lo necesita en la actualidad?
1. Sabe Ud. si en su área hay cursos para preparar a las personas mayores para jubilarse/retirarse?	20 1 Sí → 0 No(Col.d)	21 1 Sí → 0 No(Col.d)	22 1 Sí → 0 No	23 1 Sí 0 No(próximo servicio)
2. Sabe Ud. si en su área hay transportación especial para personas mayores que cuesta muy poco y lo lleva a lugares dentro de la localidad?	24 1 Sí → 0 No(Col.d)	25 1 Sí → 0 No(Col.d)	26 1 Sí → 0 No	27 1 Sí 0 No(próximo servicio)
3. Sabe Ud. si en su área hay programas que entregan comidas calientes a domicilio a las personas mayores?	28 1 Sí → 0 No(Col.d)	29 1 Sí → 0 No(Col.d)	30 1 Sí → 0 No	31 1 Sí 0 No(próximo servicio)
4. Sabe Ud. si en su área hay comedores donde las personas mayores pueden comer a un precio muy bajo?	32 1 Sí → 0 No(Col.d)	33 1 Sí → 0 No(Col.d)	34 1 Sí → 0 No	35 1 Sí 0 No(próximo servicio)

	(a) Sabe?	(b) Lo utiliza?	(c) Le parece adecuado?	(d) Lo necesita en la actualidad?
5. Sabe Ud. si en su área hay servicios para ayudar a las personas mayores con la limpieza de la casa y lavado de ropa?	36 1 Sí → 0 No(Col.d)	37 1 Sí → 0 No(Col.d)	38 1 Sí → 0 No	39 1 Sí 0 No(próximo servicio)
6. Sabe Ud. si en su área hay servicios de información sobre los diferentes programas de ayuda para personas mayores?	40 1 Sí → 0 No(Col.d)	41 1 Sí → 0 No(Col.d)	42 1 Sí → 0 No	43 1 Sí 0 No(próximo servicio)
7. Sabe Ud. si en su área hay programas de asistencia legal para personas mayores?	44 1 Sí → 0 No(Col.d)	45 1 Sí → 0 No(Col.d)	46 1 Sí → 0 No	47 1 Sí 0 No(próximo servicio)
8. Sabe Ud. si en su área hay programas de ensenanza sobre cómo hacer las compras, o programas de enseñanza sobre consumo, para personas mayores?	48 1 Sí → 0 No(Col.d)	49 1 Sí → 0 No(Col.d)	50 1 Sí → 0 No	51 1 Sí 0 No(próximo servicio)
9. Sabe Ud. si en su área hay estampillas o cupones para comprar alimentos?	52 1 Sí → 0 No(Col.d)	53 1 Sí → 0 No(Col.d)	54 1 Sí → 0 No	55 1 Sí 0 No(próximo servicio)
10. Sabe Ud. si en su área hay servicios para asistir a las personas mayores en llenar los formularios de declaración de ingreso/renta(income tax)?	56 1 Sí → 0 No(Col.d)	57 1 Sí → 0 No(Col.d)	58 1 Sí → 0 No	59 1 Sí 0 No(próximo servicio)
11. Sabe Ud. si en su área hay servicios de asistencia para ayudar a cubrir la renta a personas mayores?	60 1 Sí → 0 No(Col.d)	61 1 Sí → 0 No(Col.d)	62 1 Sí → 0 No	63 1 Sí 0 No(próximo servicio)

CARD 10

	Sabe?	Lo utiliza?	Le parece adecuado?	Lo necesita en la actualidad?
12. Sabe Ud. si en su área hay programas de asistencia médica para ayudar a las personas mayores a cubrir sus gastos médicos?	64 1 Sí → 0 No(Col.d)	65 1 Sí → 0 No(Col.d)	66 1 Sí → 0 No	67 1 Sí 0 No(próximo servicio)
13. Sabe Ud. si en su área hay programas de recreo para personas mayores?	68 1 Sí → 0 No(Col.d)	69 1 Sí → 0 No(Col.d)	70 1 Sí → 0 No	71 1 Sí 0 No(próxima sección)

SECCION K: ACTIVIDADES SOCIALES, RELIGIOSAS, DE ORGANIZACION Y POLITICAS

CARD 5-6/11

Me gustaría hacerle algunas preguntas sobre sus visitas con familiares y amigos y en general sobre su vida en la comunidad. (NO HAGA LA P.1 SI EL ENTREVISTADO NO TIENE HIJOS O SI TODOS LOS HIJOS VIVEN EN CASA - VEA LA SECCION A, P.8)

1. Durante la última semana, cuántas veces se visitó con los hijos que no viven con Ud?

   0 Ninguna
   1 1 - 2 veces
   2 3 - 4 veces
   3 5 - 6 veces
   4 Todos los días

   7/_

2. Durante la última semana, cuántas veces se visitó con parientes que no sean sus hijos?

   0 Ninguna
   1 1 - 2 veces
   2 3 - 4 veces
   3 5 - 6 veces
   4 Todos los días
   5 No tengo parientes

   8/_

3. Durante la última semana, cuántas veces se visitó con sus amigos o vecinos?

   0 Ninguna
   1 1 - 2 veces
   2 3 - 4 veces
   3 5 - 6 veces
   4 Todos los días
   5 No tengo amigos/vecinos

   9/_

4. Es socio(a) de algún club u organización para personas mayores?

   1 Sí
   0 No (Siga en la P.6)

   10/_

5. Cómo se llama el club o la organización?

   ____

   11-13/_ _ _

6. Le gustaría pertenecer a una organización que le ayudara a mantenerse informado(a) de los asuntos de las personas mayores?

   1 Sí
   0 No

   14/_

CARD 11

7. Cada cuándo va a la iglesia?

6 Más de una vez a la semana
5 Una vez a la semana
4 Cada dos semanas
3 Una vez al mes
2 Varias veces al año
1 Nunca (Siga en la P.10)

15/_

8. Ha oído hablar de actividades para personas mayores auspiciadas por su iglesia?

1 Sí
0 No (Siga en la P.10)

16/_

9. Generalmente qué a menudo participa usted en estas actividades? Diría Ud. que participa: (LEA LAS RESPUESTAS)

5 Muy a menudo
4 A menudo
3 Algunas veces
2 Raramente
1 Nunca

17/_

(NO HAGA LAS PREGUNTAS DE LA 10 A LA 16 SI EL/LA ENTREVISTADO(A) NO ES CIUDADANO(A) - CONSULTE LA SECCION A, P.2)

10. Está registrado(a) para votar?

1 Sí
0 No

18/_

11. Votó en la última elección local?

1 Sí
0 No

19/_

12. Votó Ud. en las últimas elecciones presidenciales?

1 Sí
0 No (Siga en la P.14)

20/_

13. Podría decirme por favor, por cuál candidato presidencial votó (MARQUE LA RESPUESTA Y SIGA EN LA P.16)

1 Demócrata (Carter)
2 Republicano (Ford)
3 Independiente__________________
Otro (ESPECIFIQUE)______________

21-22/_ _

14. Hay muchas razones por las que la gente no vota. Podría decirme, por qué Ud. no votó en las últimas elecciones presidenciales? (MARQUE SOLO UNA)

1 No estaba registrado(a)
2 No importaba votar
3 No tenía transportación
4 Enfermo(a)
Otra (ESPECIFIQUE)______________

23-24/_ _

15. Aunque Ud. no votó en las últimas elecciones presidenciales, tenía Ud. preferencia por algún candidato? Es decir, por quién hubiese votado?

1 Carter
2 Ford
Otro (ESPECIFIQUE)____________________

25-26/_ _

CARD 11

16. Podría decirme por favor, el nombre de uno de los senadores de ecte estado? 27/_

1 Sí (ESPECIFIQUE)________________ 0 No

17. Ahora por favor, trate de acordarse y dígame si Ud. (o esposo(a) llenó el cuestionario del censo de población de 1970? 28/_

1 Sí
0 No
2 No vivía en los Estados Unidos

18. Ahora le voy a leer una lista de razones por las que el gobierno hace un censo de población. Por favor, dígame cuál cree Ud. que sea la razon principal de hacer un censo. (MARQUE UNA SOLAMENTE) 29-30/_ _

1 Para saber dónde están las personas
2 Para ayudar a las personas
3 Para contar a todas las personas
Otra razón (ESPECIFIQUE)________________

SECCION L: CONTACTOS CON AGENCIAS DEL GOBIERNO

1. Ha visitado o tratado con alguna agencia de gobierno durante los últimos doce meses?

1 Sí 0 No (Siga en la Sección M) 31/_

2. Me podría decir el nombre de la última agencia del gobierno con la que trató?

________________________________ 32-34/_ _ _

3. Tuvo alguna dificultad en su trato con (MENCIONE EL NOMBRE DE LA AGENCIA) ________________________________?

1 Sí 0 No (Siga en la P.5) 35/_

4. Qué clase de dificutad tuvo? (ESCRIBA EXACTAMENTE LO QUE CONTESTA LA PERSONA; MARQUE HASTA TRES RESPUESTAS)

A.________________________________ 36-37/_ _
B.________________________________ 38-39/_ _
C.________________________________ 40-41/_ _

469

CARD 11

5. En general, qué satisfecho(a) está Ud. en haber tratado con esta agencia del gobierno? Diría Ud. que está: (LEA LAS RESPUESTAS)

5 Muy satisfecho(a)
4 Relativamente satisfecho(a)
3 Ni satisfecho(a), ni disatisfecho(a)
2 Relativamente disatisfecho(a)
1 Muy disatisfecho(a)

42/_

SECCION M: DISCRIMINACION

1. Dígame si en su opinión le parece que alguna vez ha sido discriminado(a) debido a su edad, origen nacional o descendencia, o sexo en cuanto a: (MARQUE TODAS LAS QUE APLIQUEN)

	Por su edad?		Por su origen nacional o descendencia?		Por su sexo?		
	Sí	No	Sí	No	Sí	No	
Empleo	1	0	1	0	1	0	43-45/_ _ _
Vivienda	1	0	1	0	1	0	46-48/_ _ _
Educación	1	0	1	0	1	0	49-51/_ _ _
Servicios de salud	1	0	1	0	1	0	52-54/_ _ _

SECCION N: FUENTES DE INFORMACION

1. Por favor, dígame si tiene alguno de los siguientes: (LEA LAS CATEGORIAS Y MARQUE LAS QUE APLIQUEN)

	Sí	No	
Radio	1	0	55/_
Televisión	1	0	56/_
Teléfono	1	0	57/_

470

CARD 11

2. Voy a leerle una lista de actividades y me gustaría que me dijese cuántas veces las hizo la semana pasada. (ASEGURESE DE PREGUNTAR EN QUE IDIOMA)

	Diariamente	5 - 6 veces	3 - 4 veces	1 - 2 veces	Nunca	Mayormente en inglés	Mayormente en español	Ambos	
Miró Televisión	5	4	3	2	1	1	0	2	58-59/_ _
Oyó Radio	5	4	3	2	1	1	0	2	60-61/_ _
Habló por Teléfono	5	4	3	2	1	1	0	2	62-63/_ _
Leyó Diarios o Periódicos	5	4	3	2	1	1	0	2	64-65/_ _
Leyó Revistas	5	4	3	2	1	1	0	2	66-67/_ _

SECCION O: PROBLEMAS DE LAS PERSONAS MAYORES HISPANAS

CARD 5-6/12

1. Finalmente, cuáles cree Ud. que sean los tres problemas más serios que Ud. tiene en la actualidad? (ESCRIBA HASTA 3 RESPUESTAS)

1. ____ 7-8/_ _

2. ____ 9-10/_ _

3. ____ 11-12/_ _

Para que mi supervisor pueda verificar mi entrevista con usted, podría darme su nombre, dirección y teléfono? Esta información es estrictamente confidencial.

Nombre ______________________________

Dirección ______________________________

Teléfono ______________ (INCLUYA NUMERO DEL AREA)

Si le quisieran llamar, cuál sería la mejor hora?

____

LEA: Hasta luego y muchas gracias por su cooperación.

CARD 12

COMPLETE THIS SECTION IMMEDIATELY AFTER LEAVING THE RESPONDENT'S HOME

1. In your opinion, how difficult was it for the respondent to answer your questions?

13/_

0 Very difficult 2 Not difficult at all
1 Somewhat difficult

2. Check any of the following which the respondent had:

14/_
15/_
16/_
17/_
18/_
19-20/_ _

1 Blindness 1 Deafness 1 Missing limb(s)
1 Tremors, shakes, palsy 1 Speech impairment Other ____________

3. Description of Building Structure:

21-22/_ _

1. Detached one family house
2. Townhouse
3. Single apartment over garage
4. Duplex
5. Triplex/Fourplex
6. Apartment building, 5-9 units
7. Apartment bldg., 10-19 units
8. Apt. bldg., more than 19 units
9. Mobile home/Trailer
10. Group quarters
11. House on a farm

4. Was any other person present during the interview and did that person influence the respondent?

1 Resp. only 2 Very much 3 Somewhat 4 Little or none 23/_

5. Write your comments about anything else that you may consider important to know and that has not been covered during the interview.

____ 24-25/_ _
____ 26-27/_ _
____ 28-29/_ _

30/_
31/_
32-34/_ _ _
35-37/_ _ _

I state that I have completed this assignment following the study's specifications; I have conducted the interview in the designated area, and I have followed the skipping procedures determined by the Field Office.

____
Interviewer's Signature

PLEASE RECORD ENDING TIME IN FRONT OF THE QUESTIONNAIRE!

APPENDIX II
THE SAMPLING METHODOLOGY

A. The Population

According to the 1970 Census, the population under study consists of approximately 814,914 noninstitutionalized Spanish elderly (i.e., 55 years of age and over) who reside in the United States mainland. The term "Spanish elderly" includes different Spanish population subgroups quantitatively represented in the statistical table constructed by the Bureau of the Census, and covers such diverse categories as Spanish origin or descent, Spanish heritage, Spanish language, and Spanish surname.

According to the Bureau of the Census population estimates, approximately 82.0 percent of the Spanish elderly reside in metropolitan counties, 18.0 percent in nonmetropolitan areas. Further, nearly 90 percent of this population is clustered into counties in the states of Arizona, California, Colorado, Florida, Illinois, New Mexico, New York - New Jersey, and Texas. This kind of geographic concentration has enormous implications for the sampling design. By sampling heavily from these states, we can achieve overall representation. In addition, by reducing somewhat the dispersion of primary sampling units we can make fielding procedures more manageable and economical.

B. Sample Size

The number of Spanish elderly to be selected is 1,872. This figure is quite adequate for national population surveys whose purpose is to estimate population proportions based on categorical responses. Bound on errors in percentages for categorical responses questions are shown in Table 1. These errors apply to simple random samples only and are not adjusted for the effect of the type of sampling design. The proposed number also compensates for sample size reductions occurring when control variables are incorporated in the final analysis.

C. Sampling Design

Since the research design calls for interviewing Spanish elderly, an enumeration of the total population is not feasible. This is a common difficulty in survey sampling, one that is usually handled with the approach known as multi-stage sampling. This approach renders the enumeration of population members unnecessary. Instead, samples of the study population are drawn in stages from a series of lists of sampling units or clusters. Specifically, the sampling method to be employed is a multi-stage area probability selection with demographic and geographic stratification introduced in the first three stages.

D. First Stage Sampling

1. Stratifying the Population

For this design, the county is the primary sampling unit (psu) of selection. Counties represent well-delineated statistical areas which show a substantial degree of heterogeneity with respect to basic sociodemographic and economic characteristics of the population. This dissimilarity among sampling units has the overall effect of reducing the error of sampling estimates.

On the basis of the 1970 Census information, psu's are to be stratified into metropolitan and nonmetropolitan counties. Metropolitan psu's will be sorted into nine geographic strata: Arizona, California, Colorado, Florida, Illinois, New Mexico, New York - New Jersey, Texas, and the rest of the country. The sample size is to be proportionally allocated among these strata. However, to allow some statistically meaningful comparisons among selected strata, sample size adjustments are required. Sample sizes for the states of California and Texas are to be scaled down while those for Florida and New York - New Jersey are to be increased. A schematic representation of the stratification and sample allocation is provided in Figure 1.

Figure 1

STRATIFICATION OF PRIMARY SAMPLING UNITS

AND SAMPLE ALLOCATION BY STRATUM

Metropolitan Counties (N = 1,576)
(82.0 percent of the sample)

Arizona	n1 = 56	(% = 3.0)
California	n2 = 436	(% = 23.3)
Colorado	n3 = 40	(% = 2.3)
Florida	n4 = 216	(% = 11.6)
Illinois	n5 = 56	(% = 3.0)
New Mexico	n6 = 32	(% = 1.7)
New York	n7 = 224	(% = 12.0)
Texas	n8 = 304	(% = 16.2)
Rest of the Country	n9 = 212	(% = 11.3)

Non-Metropolitan Counties (N = 296)
(18.0 percent of the sample)

n10 = 296 (% = 15.8)

2. Number of Sampled Counties (psu's)

Forty-five psu's are to be drawn from the constructed data. This number, divided into the total study population, results in the average number of Spanish elderly each psu is to represent. The assignment of counties among strata is influenced by the following criteria:

a. The distribution of the population between metropolitan and non-metropolitan areas.

b. The distribution of the population among states.

c. The need to obtain a representative sample for the states of California, New York, Texas, and Florida to facilitate comparative analyses.

The result of this allocation is given below:

Metropolitan Areas	psu's	%
Arizona	2	
California	6	
Florida	3	
New Mexico	1	
New York	5	
Texas	6	
Colorado	3	
Illinois	1	
Subtotal	27	
Rest of the Country	8	
Total metropolitan psu's	35	78.0
Non-metropolitan areas	10	22.0
Total psu's	45	

3. Selection of psu's

Once all psu's have been sorted into strata, each unit will be assigned a measure of size corresponding to the total number of Spanish elderly who reside in the county. These data can be easily obtained from the Bureau of the Census' County and City Data Book and Characteristics of the Population. Since information on persons of Spanish ancestry is not available for areas containing less than 400 Spanish individuals, many psu's are excluded from the list. Similarly, psu's with a target population of less than 1,999 persons and comprising less than four - tenths of 1.0 percent of the total county population will be omitted from the sample. These psu's only hold about 8.0

percent of older Hispanics and tend to be too geographically dispersed, which makes their inclusion rather impractical.

Assigning measures of size based on the number of Spanish elderly gives large counties greater chances of selection. This is statistically sound because the larger the psu, the more its impact on determining the characteristics of the overall population. However, to avoid exclusion of significantly large counties, some counties will be included in the sample with full probability or with certainty. To determine consistently which psu's are significantly large, the following rule is to be employed:

> A county (i.e., psu) will be entered into the sample with certainty if its size is larger than the quotient obtained from dividing the total population of the stratum by two times the number of psu's to be sampled from the stratum.

The residual psu's will be grouped into substrata and one county will be sampled from each substratum with probability proportional to size. The following steps outline the mechanics of selecting psu's and determining the number of observations to be apportioned among counties:

a. Within each stratum, psu's will be ranked in a descending order according to their measures of size (Figure 2).

b. Total population of the stratum will be divided by two times the number of counties to be selected (e.g., six in the following example):

$$\frac{255,426}{2 \times 6} \approx 21,286$$

Primary sampling units larger than 21,286 will enter the sample with certainty; Los Angeles County, for example, is drawn with 100.0 percent probability.

c. Once psu's with 100.0 percent selection probability have been excluded, the total number of elderly persons in the remaining counties is divided by the number of uncertain psu's (e.g., five in this case) to be selected. The result is an average measure of size for the rest of the counties:

$$\frac{139{,}624}{5} = 27{,}925 \text{ older Hispanics}$$

d. Bracketing remaining counties adjacent in the list (Figure 2) into groups of sizes which are roughly equal to the average size (i.e., 27,925) of the remaining psu's creates several substrata (equal in number to the selections to be made). These substrata are identified by Roman numerals in Figure 2.

e. The final step is simply reduced to sampling one psu from each substratum with probability proportional to size.

4. Obtaining Sample Sizes for psu's

To ascertain the number of observations to be allocated to each stratum, an overall sampling fraction for the stratum (SFs) needs to be calculated:

$$\text{SFs} = \text{Sample size for stratum} \Big/ \text{Stratum Population}$$

The resulting fraction divided by the probability of selecting a county provides a sampling fraction for each psu (SFpsu):

$$\text{SFpsu} = \text{SFs} \Big/ \text{probability of psu}$$

The latter fraction is then applied to the county population to determine the sample size for each psu.

For Los Angeles County the process is as follows:

$$\text{SF (California)} = \frac{440}{255{,}427} \approx \frac{1}{580}$$

Since Los Angeles County enters the sample with certainty, its probability of selection is 1.0. So, the SF for Los Angeles County is:

$$\frac{1}{580} \Big/ 1 = \frac{1}{580}$$

$$\frac{1}{580} \times 115{,}803 = 200$$

Assuming that San Francisco County is selected from the second substratum, then:

$$\text{probability of selecting San Francisco} = \frac{15{,}574}{31{,}232} \approx \frac{1}{2}$$

The sampling fraction for San Francisco County becomes:

$$\frac{\frac{1}{580}}{\frac{1}{2}} = \frac{1}{290}$$

And the number of respondents to be interviewed in San Francisco:

$$\frac{1}{290} \times 15{,}574 = 54$$

E. Second Stage Sampling

1. Choice of Unit

An important step in outlining the second-stage sampling procedure is to select an adequate unit of analysis. This is affected by cost considerations which call for sampling of clusters or units containing several population members. Researchers' preferred choice of cluster has usually been the city block, for it provides a convenient frame for the elements of the population and for which a substantial amount of data is readily available in printed reports published decennially by the United States Bureau of the Census. Unfortunately, information by city block is nonexistent for persons of Spanish origin, Spanish language, or Spanish surname. The smallest area for which the Bureau of the Census prints data on older Latinos is the census tract. Although the tract is a rather stable subdivision of metropolitan areas (U.S. Bureau of the Census, 1976 a), its relatively large size makes its use impractical in this case since *a priori* identification of the streets or residential clusters where older Hispanics reside becomes a difficult task.

A compromise alternative to using either city blocks or census tracts as SSU's is to employ the block group (BG) or enumeration district (ED) which is approximately one-fifth the size of a census tract and encompasses a small cluster of contiguous city blocks (U.S. Bureau of the Census, 1976 b).

Data for block groups, however, are only available in summary tapes containing estimates of the number of population and/or dwelling units by selected sociodemographic characteristics. The Fifth Count summary tape, for example, allows the researcher to identify adjacent blocks where older Hispanics reside.

2. A Caveat

Although the designation of block groups and/or enumeration districts offers a reasonable alternative, a major disadvantage of utilizing this information is the increased likelihood of omitting small area data and special classes of populations such as older Hispanics (U.S. Bureau of the Census, 1976 c). For example, any BG or ED with less than 25 persons is suppressed from the Fifth Count summary tapes (U.S. Bureau of the Census, 1976 c).

Another limitation of Fifth Count data is its sampling variability. Although this source of error can be quantified, it becomes rather large for very small populations. The table given below indicates the magnitude of the sampling variability for several BG's and/or ED's of several population sizes. Two confidence levels are shown.

TABLE II

Confidence Intervals for Samples

Estimated Number of Older Hispanics in the BG or ED	Confidence Intervals 68%	95%
50	50 ± 255	50 ± 51
75	75 ± 289	75 ± 59
100	100 ± 34	100 ± 68
150	150 ± 39	150 ± 80
250	250 ± 51	250 ± 102

Source: U.S. Bureau of the Census, Data Access Description No. 36, December 1974 (1970 Census Population, Fifth Count), pp. 9-11, and Appendix A.

These figures suggest that the smaller the population size, the larger the chances of error. For example, given a 95 percent confidence interval, a BG with an estimated population count of 50 may contain between zero and 101 older Hispanics. One with 100 may have as few as 32 or as many as 168 population subjects.

Compounding these two problems is the obsolescence found in any data set collected as far back as 1970, and the unreliability of the count of persons of Spanish origin or surname reflected in the last population census (U.S. Commission on Civil Rights, 1974). However, in spite of all these disadvantages and in the absence of more current and statistically precise data sets, the Fifth Count summary tape appears to be the most logical choice available to the researchers.

3. Number of SSU's and Cluster Size

Two hundred and thirty-four (234) SSU's will be randomly drawn from the list of Psu's selected in the first stage. The cluster size will be set equal to eight. This figure is rather conservative, allowing for some diversity among population subjects. Variation among population members is statistically convenient because it reduces the intraclass correlation among households within SSU's, reducing the effect of large variances caused by sampling clusters of observations.

4. Stratification and Selection of SSU's

Block groups will constitute the secondary sampling units of selection. Groups of city blocks average about 1,000 population and they are the equivalent of ED's for nonmetropolitan unblocked areas of the country.

a. On the basis of Fifth Count summary tape data, BG's -- Figure 2 -- and ED's for non-metropolitan areas within PSU's will be arrayed in a descending order by the number of older Hispanics age 55 and over residing in each BG or ED. This stratification reduces the overall variance of sampling estimates.

b. Having arrayed BG's and ED's as described above, each SSU will be assigned a measure of size corresponding to the number of older Hispanics age 55 and over. Since the Bureau of the Census suppresses information for BG's or ED's containing fewer than 25 persons of Spanish ancestry, numerous SSU's will be missing from the list. Similarly, selective exclusion of additional SSU's will be required to maximize the probability of finding population subjects within a given area. This in turn insures diversification among population subjects and reduces the cost of locating eligible respondents. The exclusion criteria to be utilized are as follows:

(1) For each PSU (i.e., county), a zero probability of selection will be assigned to BG's and/or ED's containing no target population.

(2) A zero selection probability will also be assigned to secondary sampling units containing fewer than 100 older Hispanics if the number of BG's and/or ED's with 100 or more older Hispanics remaining in the list is at least twice the number of SSU's to be selected.

(3) If the above criterion is violated (i.e., if after setting the cutoff point equal to 100, the number of BG's remaining is not at least twice the number of SSU's needed), a zero selection probability will be assigned only to BG's and/or ED's with fewer than 50 older Hispanics. In other words, the exclusion or cutoff point will be lowered to 50.

(4) If criterion number three cannot be applied, the cutoff point will be further reduced to 25. Thus, zero probability will be attached to SSU's with fewer than 25 older Hispanics.

c. Once the exclusion point is determined, the sizes of SSU's remaining in the list will be added to compute the average size of an SSU.

d. Block groups and/or ED's will be stratified into groups of sizes roughly equal to the average number estimated in "b" (above), and one SSU will be selected from each stratum with probability proportional to size.

e. Block groups or ED's which are at least 1.5 times greater than the estimated average size will be split into two SSU's.

F. Third Stage

1. Blocked Areas

a. On the basis of the Bureau of the Census Block Statistics, a measure of size will be assigned to each block contained in each BG selected in the second stage. The measure of size will correspond to the number of persons at least 62 years of age. These blocks will also be arranged in descending order according to their measure of size.

b. Within each BG or ED containing at least 100 older Hispanic persons 62 years old and over, a social block will be selected with full probability. The social block consists of the largest size block plus the faces of the adjacent blocks (see Figure 1).

c. Within each BG or ED with less than 100, blocks will be selected using a sequential procedure which assigns priority to the largest size blocks.

2. Unblocked Areas

Unblocked ED's located in non-metropolitan or rural areas will be treated as BG's. If a cluster of population such as a place or rural city can be identified, it will be selected with full probability. However, if populated areas cannot be ascertained, the ED will be divided into segments and one will be randomly drawn.

G. Fourth and Fifth Stages of Selection

Specific methods of procedures will be prepared to guide the interviewers in the random selection of population subjects from blocks sampled in the third stage. To accommodate the three cases discussed in the third sampling stage, three different sets of instructions will be made available to interviewers. The way that the interviewer is to select respondents to fill his/her quota is essentially dependent upon the number of older Hispanics expected to reside in the BG and/or ED, and on the population density of the area.

1. Selection of Respondents from BG's Expected to Contain at Least 100 Population Subjects

Interviewers will be provided with a sketch of the social block. A starting corner will be randomly determined and an interviewer's travel path outlined. A maximum of two interviews per block face and one per household is to be taken within a given area. If more than one individual within a household fits the eligibility criteria, the following rules will be followed:

The oldest male if more than one male is eligible.
The oldest male if both sexes are eligible.
The oldest female if multiple females are in residence.

2. Selection of Respondents from BG's Expected to Contain Fewer than 100 Population Subjects

Interviewers will be supplied with a map of the area. Blocks will be ranked sequentially in a descending order according to the number of older persons expected to reside in each block. Interviewers then will proceed to canvass one block at a time following the prescribed order and a set of instructions as outlined in paragraph one above.

3. Unblocked ED's and Rural Cities

Interviewers will be provided with a detailed map of the area. They will be required to make inquiries with local information sources such as the Chamber of Commerce, City Hall, post office, churches, etc., about the places (i.e., blocks, streets or roads) where older Hispanics live. Once these areas have been identified, the interviewer will proceed to select respondents as described above.

487

TABLE 1

BOUND ON ERRORS IN PERCENTAGES FOR CATEGORICAL RESPONSE QUESTIONS

	Maximum Error in Percentage Points for Four Confidence Levels:			
Sample Size (n)	99% $128.8/\sqrt{n}$	95% $98.0/\sqrt{n}$	90% $82.25/\sqrt{n}$	80% $64.1/\sqrt{n}$
25	25.76	19.60	16.45	12.82
50	18.22	13.86	11.63	9.07
100	12.88	9.80	8.23	6.41
200	9.11	6.93	5.82	4.53
300	7.44	5.66	4.75	3.70
400	6.44	4.90	4.11	3.20
500	5.76	4.38	3.68	2.87
600	5.26	4.00	3.36	2.62
700	4.87	3.70	3.11	2.42
800	4.55	3.47	2.91	2.27
900	4.29	3.27	2.74	2.14
1,000	4.07	3.10	2.60	2.03
1,500	3.41	2.53	2.12	1.66
2,000	2.88	2.19	1.84	1.43
2,500	2.56	1.96	1.64	1.28
3,000	2.35	1.79	1.50	1.17

FIGURE 2

STRATUM: CALIFORNIA (METROPOLITAN PSU's ONLY)

Los Angeles	115,803	with certainty I
Alameda	15,658	II
San Francisco	15,574	
Santa Clara	14,692	III
San Diego	14,550	
Orange County	9,694	IV
San Bernardino	9,193	
Fresno	8,832	
Riverside	6,620	V
San Joaquin	6,006	
San Mateo	5,732	
Sacramento	5,722	
Ventura	5,578	
Kern	5,111	VI
Contra Costa	5,072	
Santa Barbara	4,756	
Monterey	4,600	
Stanislaus	2,232	
	255,427	

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